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FEB 12 2001

MARY E. D'AMOREA, CLERK
Per [Signature]

UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF PENNSYLVANIA

PAUL LEE,

Plaintiff

v.

UNITED STATES OF AMERICA, et al.
Defendants

:
:
:
:
:
:
:

Civil No. 1:CV-00-00486
(Kane, J.)

RECORD TO BRIEF IN SUPPORT OF THE DEFENDANTS'
MOTION TO DISMISS AND FOR SUMMARY JUDGMENT

DAVID M. BARASCH
United States Attorney

KATE L. MERSHIMER
Assistant U.S. Attorney
SHELLEY L. GRANT
Paralegal Specialist
217 Federal Building
228 Walnut Street
Post Office Box 11754
Harrisburg, PA 17108

Dated: February 12, 2001

FEB-08-01 THU 03:45 PM ALLENWOOD LEGAL SERVICES FAX NO. 17175476458

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IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

PAUL LEE,	:	
	:	
Plaintiff	:	CIVIL NO. 1:CV-00-0486
	:	
v.	:	(Judge Kane)
	:	
UNITED STATES OF AMERICA, et-al.,	:	
	:	
Defendants	:	

DECLARATION OF J. FROMM

I, J. Fromm, hereby declare and state as follows:

1. I am currently employed by the United States Department of Justice, Federal Bureau of Prisons ("FBOP"), as a Paralegal Specialist, at the Federal Correctional Complex (F.C.C.), Allenwood, Pennsylvania. I have been a Paralegal Specialist at F.C.C. Allenwood since August 1998. Prior to that time, I held the position of Paralegal Specialist at the United States Penitentiary, Lewisburg, Pennsylvania, since November, 1989.

2. In my official capacity, I have access to inmate files, including, but not limited to, records regarding an inmate's sentencing, disciplinary history, administrative tort claim filings and records relating to an inmate's history of incarceration.

3. I have reviewed the amended complaint in the above-captioned

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action, wherein the Plaintiff, inmate Paul Lee, Federal Register Number 01656-087, alleges that his left hip has degenerated since 1997 due to inappropriate bedding. The Plaintiff further alleges, that the denial of the use of two mattresses has caused pain in his hip. The Plaintiff alleges he now suffers from degenerative arthritis and that medical staff have negligently failed to provide him with appropriate medical care and treatment for his injury.

4. The Plaintiff, inmate Paul A. Lee, Register No. 01656-087, was sentenced on January 30, 1995, in the United States District Court for the Northern District of West Virginia, to a term of imprisonment of two hundred months for: "Conspiracy to Possess With Intent to Distribute" and "Distribution of Cocaine a/k/a"Crack"" in violation of Title 21, United States Code §841(a)(1) and Title 21, United States Code, §846. The Plaintiff has a projected release date of March 26, 2010, via good conduct time release. The Plaintiff is currently housed at the Federal Correctional Institution (FCI) Allenwood, Pennsylvania.
5. The Plaintiff filed an administrative tort claim with the Northeast Regional Office, Federal Bureau of Prisons, which was received on February 9, 2000. The claim was assigned number TRT-NER-2000-449.

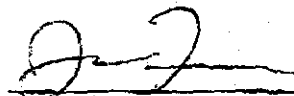
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6. In his tort claim, the Plaintiff alleged "The BOP has cause my hip to deteriorated by providing me with a steel bed and substandard mattress to sleep on. without a "box spring" By reason of the "BOP" cause negligence in their part not to provide me with proper bedding care". The Plaintiff did not raise any allegations of negligent medical care. I have attached a copy of claim TRT-NER-2000-449 to my declaration.
7. The record also fails to reveal any documentation that the Plaintiff had filed an administrative tort claim regarding his being denied the use of two mattresses.

I declare that any and all records attached to this declaration are true and accurate copies of records maintained in the ordinary course of business by the Federal Bureau of Prisons. I further declare that the foregoing is true and correct to the best of my knowledge and belief, and is given under penalty of perjury pursuant to 28 U.S.C. §1746.

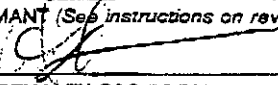
EXECUTED this 8th day of February 2001.



J. FROMM
Paralegal Specialist
Federal Correctional Complex
Allenwood, Pennsylvania

DEC-11-00 MON 03:10 PM ALLENWOOD LEGAL SERVICES FAX NO. 1/1/54/6458

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CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008 EXPIRES 3-31-91	
1. Submit To Appropriate Federal Agency:		2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, street, city, State and Zip Code) Paul Lee 01656-087 P.O. BOX 2000 White deer, Pa. 17887			
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH 4-11-55	5. MARITAL STATUS single	6. DATE AND DAY OF ACCIDENT 10-25-99	7. TIME (A.M. OR P.M.) 10 pm	
8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.) The "BOP" has cause my hip to deteriorated by providing me with a steel bed and substandard mattress to sleep on. without a "boxspring" By reason of the "BOP" cause negligence in their part not to provide me with proper bedding care.					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code) N/A					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.) "BOP" has cause server pain in my left hip, due to substandard mattress.					
10. PERSONAL INJURY/WRONGFUL DEATH					
STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT. N/A					
11. WITNESSES					
NAME		ADDRESS (Number, street, city, State, and Zip Code)			
F.C.I A llenwood, Medical Service		P.O. BOX 2500 White deer, Pa. 17887			
F.C.I Beckley, W.v.		P.O. BOX 1280 Beaver, Wv. 25813			
12. (See instructions on reverse)		AMOUNT OF CLAIM (in dollars)			
12a. PROPERTY DAMAGE cost of new hip	12b. PERSONAL INJURY 2.5 m	12c. WRONGFUL DEATH N/A	12d. TOTAL (Failure to specify may cause forfeiture of your rights.) 2.5m		
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.) 			13b. Phone number of signatory: 14. DATE OF CLAIM 2-7-00		
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM The claimant shall forfeit and pay to the United States the sum of \$2,000, plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)		

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PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. Authority: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 507 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. Principal Purpose: The information requested is to be used in evaluating claims.

C. Routine Use: See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

D. Effect of Failure to Respond: Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid".

INSTRUCTIONS

Complete all items - Insert the word **NONE** where applicable

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF

Any instructions or information necessary in the preparation of your claim will be furnished, upon request, by the office indicated in item #1 on the reverse side. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplemental regulations also. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with said claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file claim for both personal injury and property damage, claim for both must be shown in item 12 of this form.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

(b) In support of claims for damage to property which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to completely execute this form or to supply the requested material within two years from the date the allegations accrued may render your claim "invalid". A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

Failure to specify a sum certain will result in invalid presentation of your claim and may result in forfeiture of your rights.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden.

to Director, Torts Branch
Civil Division
U.S. Department of Justice
Washington, DC 20530

and to the
Office of Management and Budget
Paperwork Reduction Project (1105-0008)
Washington, DC 20503

INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his vehicle or property.

15. Do you carry accident insurance? ☐ Yes. If yes, give name and address of insurance company (Number, street, city, State, and Zip Code) and policy number. ☐ No

N/A

16. Have you filed claim on your insurance carrier in this instance, and if so, is it full coverage or deductible?

17. If deductible, state amount:

N/A

N/A

18. If claim has been filed with your carrier, what action has your insurer taken or proposes to take with reference to your claim? (It is necessary that you ascertain these facts)

N/A

19. Do you carry public liability and property damage insurance? ☐ Yes. If yes, give name and address of insurance carrier (Number, street, city, State, and Zip Code) ☐ No

N/A

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ALLENWOOD LEGAL SERVICES

FAX NO. 17175478458

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U.S. Department of Justice

Federal Bureau of Prisons

Federal Correctional Institution

Allenwood Medium

P.O. Box 2500

White Deer, PA 17887-2500

May 24, 2000

MEMORANDUM FOR: HENRY J. SADOWSKI, REGIONAL COUNSEL
NORTHEAST REGION

Michael A. Zenk

FROM: Michael A. Zenk, Warden

SUBJECT: T-NER-2000-449
LEE, Paul
Reg. No. 01656-087

This is in response to your request for an investigation and recommendation on the above-referenced administrative tort claim. Inmate Lee seeks compensation in the amount of \$2,500,000 for deterioration in his hip which he alleges occurred as a result of inadequate medical treatment. Specifically, he alleges that the Health Services Department should have provided a sturdier mattress which would have better supported his hip.

An investigation revealed that inmate Lee first began complaining of problems with his hip in July 14, 1997, long before his transfer to FCI-Allenwood. At that time, inmate Lee had a history of osteoarthritis, and an appointment was scheduled for December 9, 1997, with an orthopedic specialist. After an examination, the orthopedic specialist diagnosed the pain in inmate Lee's hip as Piriformis Syndrome (a compression of the sciatic nerve, causing pain centered in the hip and buttock area, and radiating up the back and down the legs.) As a result of this diagnosis, the affected area was injected with Depo-Medrol and Xylocaine, and inmate Lee was prescribed Indomethacin (an anti-inflammatory medication). Additional treatment includes physical therapy, an ultrasound to relieve muscle pressure, and anti-inflammatory medication. Following the December 9, 1997, consultation, inmate Lee was provided all of the appropriate treatment, and was educated regarding the use of heat therapy and anti-inflammatory medication.

Inmate Lee was not examined again with regards to his hip until July 24, 1998. At that time, he was diagnosed with an umbilical hernia and hip pain. He was again prescribed Indomethacin and was issued a referral for a steroid injection, however, he refused an orthopedic consultation. It was also determined at that time, that there was no need for a lower bunk restriction. On September 14, 1998, and November 2, 1998, he was again examined by Health Services staff. He was then diagnosed with left hip arthritis and prescribed Motrin.

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Inmate Lee was transferred to FCI-Allenwood from FCI-Beckley on November 16, 1998. Upon his arrival, it was noted that inmate Lee had a history of left hip bursitis. Inmate Lee was not examined again until April 26, 1999. At that time, he complained of a cough and cold along with his ongoing hip bursitis. An examination at that time revealed decreased range of motion at all points, positive point tenderness over the joint without erythema or signs of inflammation. He was again prescribed Motrin for the pain.

As a result of the April 26, 1999, examination, medical staff requested an X-Ray and orthopedic consult. On June 2, 1999, an X-Ray was taken of inmate Lee's left hip. The X-Ray revealed severe degenerative change in the left hip joint, consistent with the degenerative change associated with degenerative joint arthritis. The results of this X-Ray were subsequently reviewed with inmate Lee.

On July 14, 1999, inmate Lee was examined by the orthopedic specialist who indicated that inmate Lee may be a future candidate for hip replacement surgery. Until such time as inmate Lee qualified for the surgery, however, he was offered a cane and a local injection for the pain. Inmate Lee refused this course of treatment.

On December 14, 1999, inmate Lee again requested to see the specialist regarding his left hip. On February 4, 2000, inmate Lee's hip was again X-Rayed, revealing bilateral osteoarthritis, left greater than right. Inmate Lee was then examined by the orthopedic specialist on April 12, 2000. At that time, the specialist recommended the use of a cane and anti-inflammatory medication. Inmate Lee was further advised that if he remained compliant with the prescribed medication and cane, but his condition continued to deteriorate, then hip surgery would be examined at a later date. Inmate Lee has not been examined with regards to his hip since April 12, 2000.

Based on the above information, this investigation has failed to reveal the existence of any staff negligence. Specifically, the evidence in this matter reveals that staff appropriately tended to inmate Lee's medical needs. Therefore, I recommend that this administrative tort claim be Denied. Should you have any questions concerning this matter, please feel free to contact Douglas S. Goldring, Attorney, at (570)547-7950, ext. 5116.

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UNITED STATES GOVERNMENT
MEMORANDUM
FCI ALLENWOOD

DATE: April 25, 2000

REPLY TO
ATTN OF: J. Hutton, Acting HSA

SUBJECT: TRT-NER-00-4
Lee, Paul
Reg.No. 23877-083

TO: Mike Sullivan, Supervisory Attorney

This is in response to the tort claim filed by inmate Lee, Paul Reg.No. 01656-087, in which he states that the "BOP" has caused his hip to deteriorate because he has not been provided proper bedding care.

After a careful review of his medical records, July 14, 1997, is the first medical documentation regarding pain in his hip. His medical record states a history of osteoarthritis. Inmate Lee complained about hip pain and was evaluated by an orthopedic specialist on December 9, 1997. This consultation states Piriformis syndrome and the area was injected with Depo-Medrol and Xylocaine. He was also prescribed Indomethacin which is an anti inflammatory medication. Piriformis syndrome is a condition marked by pain in the hip and buttock that radiates up into the lower back and down the leg. This is caused by entrapment of the sciatic nerve as it passes through the piriformis muscle in the buttock. Because the symptoms mimic those caused by a herniated lumbar disk, the syndrome may be confused with that disease. Treatment includes physical therapy to relieve pressure, ultrasound to reduce muscle spasm, and anti-inflammatory medicine. Inmate Lee received the appropriate treatment at that time and was educated regarding the use of heat and anti inflammatory medication.

On July 24, 1998, inmate Lee was examined in health services for umbilical hernia and hip pain. He was given a prescription for Indomethacin and a referral for steroid injection was written. It was noted at the time "no need for low bunk". Inmate Lee was a no show for his orthopedic consult.

On September 14, 1998, he was evaluated and was prescribed Indomethacin and another orthopedic consult was written. He was evaluated on November 2, 1998, for "left hip arthritis" and requested pain medication. He was given a prescription for Motrin, another anti inflammatory medication.

Inmate Lee arrived at FCI Allenwood on November 16, 1998, from FCI Beckley. Upon

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in sick call for congestion and cough and history of left hip bursitis. Examination revealed decreased range of motion all points, positive point tenderness over joint without erythema or signs of active inflammation. He was given a prescription for Motrin to be taken as needed for pain. An x-ray of the left hip and an orthopedic consult were requested. X-ray report of the left hip on June 2, 1999, revealed severe degenerative changes of the left hip joint. This type of degenerative change is expected with severe degenerative joint arthritis. On July 6, 1999, x-ray results were discussed with inmate Lee and treatment options were explained.

On July 14, 1999, inmate Lee was examined by an orthopedic specialist and instructed he could be a candidate for hip replacement in the future and was offered a cane and local injection which he refused.

On December 22, 1999, inmate Lee requested to see the doctor regarding his left hip. An orthopedic referral was submitted and x-rays were ordered. X-rays from February 4, 2000, reported bilateral osteoarthritis, left greater than right.

On April 12, 2000, inmate Lee was seen by an orthopedic specialist who recommended using a cane and anti inflammatory medication and he agreed to try using a cane. Hip surgery will be discussed in the future if he is compliant with cane and medications.

As outlined above inmate Lee has been examined several times for his hip by orthopedic specialists. There is no documentation that the type of bedding provided to inmate Lee caused his hip to further deteriorate. The deterioration he has experienced is a natural progression of his condition. There is no proof that a substandard mattress has caused his hip pain and his tort claim should be denied.

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

PAUL LEE,	:	
	:	
Plaintiff	:	CIVIL NO. 1:CV-00-0486
	:	
v.	:	(Judge Kane)
	:	
UNITED STATES OF AMERICA, et al.,	:	
	:	
Defendants	:	

DECLARATION OF R. MIGLIORINO, D.O.

I, R. MIGLIORINO, hereby declare and state as follows:

1. I am currently employed by the United States Department of Justice, Federal Bureau of Prisons ("FBOP"), as the Clinical Director at the Federal Correctional Institution (F.C.I.), Allenwood, Pennsylvania. I have been employed with the FBOP since April 1996. Prior to that time, I was assigned to the medical staff at the Sioux San Hospital Rapid City, South Dakota. As a Clinical Director, I have access to Bureau of Prisons records, including but not limited to medical records and records denoting places of incarceration.

2. I have reviewed the complaint in the above-captioned action, wherein the Plaintiff, inmate Paul Lee, Federal Register Number 01656-087, alleges that his left hip has degenerated since 1997 due to inappropriate bedding. The Plaintiff further alleges that he now suffers from degenerative

arthritis and that medical staff have negligently failed to provide him with appropriate medical care and treatment for his injury.

3. A review of the Plaintiff's records reveals that the Plaintiff entered into the custody of Federal Bureau of Prisons on July 30, 1991, and he was released from custody on July 15, 1992, via good conduct time release.
4. On February 17, 1995, the Plaintiff once again entered into the custody of the Bureau of Prisons, and on March 10, 1995, he arrived at F.C.I. McKean, Pennsylvania.
5. On March 30, 1995, the Plaintiff was transferred to F.C.I. Cumberland, Maryland.
6. On September 18, 1995, the Plaintiff had an x-ray of his lower back taken. Medical staff noted that the Plaintiff had mild diffuse degenerative arthritis of the lumbar spine.
7. On February 5, 1996, the Plaintiff was transferred to F.C.I. Beckley, West Virginia, arriving there on February 20, 1996.
8. My review of the Plaintiff's medical records reveals that the first complaint made by the Plaintiff concerning his left hip was made on or about July 14, 1997. The Plaintiff was seen by medical staff and he was prescribed Tylenol. At that time,

the Plaintiff indicated to staff that he had a history of osteoarthritis.

9. On August 4, 1997, the Plaintiff was seen by medical staff. The Plaintiff complained that his left hip was "aching". The Plaintiff was prescribed Motrin, he was told to apply heat three times a day, and an orthopedic consultation was ordered for an injection which was to be canceled if the Plaintiff got better. Medical staff at that time suspected that the Plaintiff was suffering from bursitis.
10. On September 15, 1997, the Plaintiff was seen by medical staff for lower back pain. It was noted that the Plaintiff had full range of motion, but his back was tender. The Plaintiff was prescribed Motrin and heat. The Plaintiff was instructed to report to sick call if needed.
11. On October 14, 1997, the Plaintiff was again seen by medical staff. Medical staff once again diagnosed the Plaintiff as suffering from bursitis. The Plaintiff was prescribed Motrin, he was instructed to apply heat and to return to health services as needed.
12. On December 9, 1997, the Plaintiff was examined by an orthopedic specialist regarding the consultation which had been ordered on August 4, 1997. During this examination, the orthopedic specialist noted that the Plaintiff had Piriformis

Syndrome. The affected area was injected with Depo-Medrol and Xylocaine. The Plaintiff was also prescribed Indomethacin which is an anti-inflammatory medication.

13. On February 13, 1998, the Plaintiff reported for sick call complaining of a callous on his right foot. The Plaintiff did not complain of any left hip pain during that visit.
14. On May 14, 1998, the Plaintiff reported for sick call complaining of pain in his left elbow. Once again, the Plaintiff did not complain of any left hip pain.
15. On May 22, 1998, the Plaintiff reported for sick call complaining of a cold. Once again, the Plaintiff did not complain of any left hip pain.
16. On July 24, 1998, the Plaintiff was examined by medical staff for umbilical hernia and left hip pain. The Plaintiff was prescribed Indomethacin and a referral for steroid injection was made. Medical staff noted that the Plaintiff did not require a lower bunk in his quarters. The record further indicates that the Plaintiff failed to appear for his scheduled orthopedic consultation with the orthopedic specialist.
17. On September 15, 1998, the Plaintiff was evaluated by medical staff and he requested another injection. An orthopedic

consultation was again scheduled and the Plaintiff was prescribed Indomethacin. An orthopedic consultation was also scheduled with the orthopedic specialist.

18. On October 26, 1998, the Plaintiff was transferred to F.C.I. Allenwood, Pennsylvania, arriving there on November 16, 1998.
19. On November 2, 1998, the Plaintiff was evaluated by medical staff for "left hip arthritis" and he requested medication for pain. The Plaintiff was prescribed Motrin.
20. On November 16, 1998, the Plaintiff arrived at FCI Allenwood. Upon his arrival, a history of left hip bursitis was noted in his medical record.
21. The Plaintiff was not seen by medical staff until April 19, 1999, after he complained of pigmentation of the skin under his eyes. The Plaintiff did not make any complaints of hip pain.
22. On April 26, 1999, the Plaintiff reported for sick call complaining of congestion, coughing, a hernia and left side bursitis. It was noted during this visit that the Plaintiff had a history of left hip bursitis. An examination of the Plaintiff's left hip revealed a decreased range of motion of all fields, positive point tenderness over the joint without erythema or signs of active inflammation. The Plaintiff was

prescribed Motrin to be taken as needed for pain. Medical staff diagnosed the Plaintiff as suffering from left hip bursitis by history, which means that he has a history of bursitis but no present indication or complaints of bursitis. An x-ray of the Plaintiff's hip was ordered and a consultation request was made for an orthopedic specialist to evaluate his hip.

23. On April 30, 1999, the Plaintiff was seen by medical staff complaining that the cold medication he was taking was not working. Once again, the Plaintiff failed to make any complaints regarding his left hip.
24. On June 2, 1999, an x-ray report revealed that the Plaintiff had severe degenerative changes of the left hip joint.
25. On June 23, 1999, the Plaintiff failed to appear for a scheduled sick call appointment.
26. On July 6, 1999, the results of the x-ray were discussed with the Plaintiff. Medical staff discussed degenerative joint disease with the Plaintiff and various treatment options were explained. The Plaintiff was also instructed that he will be seeing an orthopedic specialist.
27. On July 14, 1999, the Plaintiff was evaluated by an orthopedic specialist. The orthopedic specialist indicated to the

Plaintiff that he could be a candidate for hip replacement in the future, but that at the present time he appeared to be too young for such a procedure. The Plaintiff was then offered a cane and a local injection. The Plaintiff refused both of these options.

28. On August 13, 1999, the Plaintiff was seen by medical staff for an injury. Once again, the Plaintiff failed to make any complaints of left hip pain.
29. On August 18, 1999, the Plaintiff reported to sick call and requested a prostate exam. Once again, the Plaintiff failed to make any complaints of left hip pain.
30. On September 2, 1999, the Plaintiff was given a physical examination. Once again, the Plaintiff failed to make any complaints of left hip pain.
31. On November 29, 1999, the Plaintiff was seen by medical staff complaining of a lump on his foot (callous). Staff diagnosed him as having foot fungus. Once again, the Plaintiff failed to make any complaints of left hip pain.
32. On December 9, 1999, the Plaintiff reported to sick call complaining of an injury. Once again, the Plaintiff failed to make any complaints of left hip pain.

33. On December 22, 1999, the Plaintiff requested to see the doctor regarding his left hip. An orthopedic referral was submitted and x-rays were again ordered to be taken.
34. On January 6, 2000, a consultation request for an orthopedic specialist was written. The record revealed severe degenerative joint disease of the left hip.
35. On February 4, 2000, a review of the x-ray films revealed bilateral osteoarthritis. The left side involvement was noted to be greater than the right.
36. On February 24, 2000, the Plaintiff complained, via administrative remedy #206522-F1, that he should be provided with a second mattress. This request was evaluated by medical staff and was denied since there was no evidence of any medical need for the Plaintiff to have a second mattress. Additionally, at no time had the Plaintiff complained to medical staff that his degenerative joint disease was caused by or was being aggravated by inappropriate bedding.
37. On April 12, 2000, the Plaintiff was seen by an orthopedic specialist who recommended that the Plaintiff use a cane and take anti-inflammatory medication. The Plaintiff was somewhat resistant to using a cane and the orthopedic specialist explained why the cane would be beneficial. The Orthopedic specialist stated that when the Plaintiff was ready to discuss

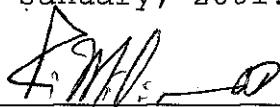
hip surgery it would be reasonable to have this discussion with him.

38. On May 8, 2000, the Plaintiff made a request for two copies of his orthopedic consultations.
39. On May 19, 2000, the Plaintiff's medications were refilled. It was noted that the Plaintiff has a history of degenerative joint disease. The Plaintiff was prescribed Motrin with one refill.
40. On June 26, 2000, the Plaintiff was provided with a copy of his orthopedic consultation, per his May 8, 2000, request.
41. On July 11, 2000, the Plaintiff was treated for a complaint of dry skin. Once again, the Plaintiff failed to make any complaints of left hip pain.
42. On August 22, 2000, the Plaintiff was given a physical examination as a pre-requisite to working in food service. The examination was essentially normal with no medical complaints noted at that time. Once again, the Plaintiff failed to make any complaints of left hip pain.
43. On October 6, 2000, the Plaintiff reported to sick call complaining of sinus congestion. Once again, the Plaintiff failed to make any complaints of left hip pain.

44. On December 20, 2000, the Plaintiff was transferred from F.C.I. Allenwood to F.C.I. Elkton. The record reveals that upon his arrival at F.C.I. Elkton the Plaintiff failed to make any complaints concerning hip replacement surgery.
45. As of January 23, 2001, the Plaintiff has not requested to see the orthopedic specialist to discuss having a hip replacement. As a matter of fact, the medical record reveals that the Plaintiff has not complained to Health Services concerning any ailment since his arrival at F.C.I. Elkton.
46. Based on my review of the Plaintiff's medical records, there is no record that the Plaintiff has ever complained that his hip condition was caused by inappropriate bedding. In fact, his record actually reveals that he is suffering from degenerative joint disease.
47. I have attached a copy of the Plaintiff's medical records from January 1, 1997, through January 23, 2001, to my declaration.

I declare that any and all records attached to this declaration are true and accurate copies of records maintained in the ordinary course of business by the Federal Bureau of Prisons. I further declare that the foregoing is true and correct to the best of my knowledge and belief, and is given under penalty of perjury pursuant to 28 U.S.C. §1746.

EXECUTED this 24st day of January, 2001.



R. MIGLIORINO, D.O.
Clinical Director
Federal Correctional Institution
Allenwood, Pennsylvania 17887

NOV-03-00 FRI 04:25 PM

P.04

A3M 1330.13B

Attachment 1

INFORMAL RESOLUTION ATTEMPT

In accordance with Program Statement 1330.13, Administrative Remedy Procedures for Inmates. This form will serve as documentation by the respective staff member and his/her unit manager to indicate an informal attempt to resolve the complaint of the following inmate. Inmates are NOT to complete this form.

NAME: LEE, PAULREG. NO. 01656-087DATE FORM INITIATED: 02-15-2000STAFF: C. MOSER3B

Date

Name

UNIT

A BP-229 (13) WILL NOT BE ACCEPTED WITHOUT THIS COMPLETED FORM ATTACHED

1. Nature of complaint (to be completed by staff):

THE "BOP" HAS PROVIDED ME WITH A SUBSTANDARD MATTRESS WHICH HAS CAUSED MY HIP TO DETERIORATE. I HAVE SPOKE TO MR. VARGUS, HEALTH SERVICES ADMINISTRATOR CONCERNING A DOUBLE MATTRESS FOR MY HIP. MR. VARGUS SAID THAT A DOUBLE MATTRESS IS NOT "BOP" POLICY TO PROVIDE INMATES WITH A DOUBLE MATTRESS. I FEEL THAT THE MEDICAL DEPT. IS NEGLIGENT FOR REFUSING TO PROVIDE ME WITH THE APPROPRIATE THINGS TO FURTHER PREVENT MY WORSENING MEDICAL CONDITION.

2. I have read the complaint above as written by Unit Staff and agree it is accurate.

3. Staff Member Assigned to Respond by U/M: C. MOSER, COUNSELOR

4. Efforts Made to Resolve the Problem:

PER THE BUREAU OF PRISONS ALL INMATES ARE ISSUED ONE MATTRESS. I INSPECTED YOUR MATTRESS AND IT IS NO DIFFERENT THAN THE OTHER INMATES IN UNIT 3B.

5. Applicable Program Statement Used in this Informal Resolution Attempt: N/A

6. Inmate's Response to Informal Remedy Attempt: _____

Prepared by: C. MOSER

Reviewed BY: TED SHINKUS

Original Returned to Inmate (Date) 02-15-2000

R. 20

NOV-03-00 FRI 04:24 PM

P. 02

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

Lee Paul A.	01656-087	Three-B	Allenwood
LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION

Part A- INMATE REQUEST

Appealing, informal resolution, The "BOP" has provided me with a sub-standard mattress which has caused my hip to deteriorate. I have spoke to Mr. Vargus, Health Services Administrator concerning a double mattress for my hip. Mr. Vargus, said that a double mattresses is not "BOP" policy to provide inmates with a double mattress. I feel that the medical dept. is negligent for refusing to provide me with the appropriate things to further prevent my worsened medical condition. That a thicker matter is needed to prevent my hip. The one I have now is substandard. A thick mattress would help ease the pain I am having.

02-18-00
DATE

SIGNATURE OF REQUESTER

Part B- RESPONSE

R. 21

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

FIRST COPY: WARDEN'S ADMINISTRATIVE REMEDY FILE

CASE NUMBER:

CASE NUMBER: 206522-F

Part C- RECEIPT

Return to:

LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

SUBJECT:

2124100

NOV-03-00 FRI 04:25 PM

P. 03

REQUEST FOR ADMINISTRATIVE REMEDY

LEE, Paul
Reg. No.: 01656-087
Remedy ID: 206522-F1

This is in response to your Request for Administrative Remedy dated February 24, 2000, in which you request a double mattress.

An investigation has revealed that all inmates are issued the same standard mattress according to Bureau of Prisons' policy. A double mattress may be issued for medical reasons. However, a review of your medical records indicates there is no need for a double mattress.

Based on the above information, your request for Administrative Remedy is denied. A double mattress is not medically indicated and staff are not able to issue a thicker mattress. You may sign up for sick call to address any additional medical concerns.


Michael A. Zenk, Warden

3/10/00
Date

NOV-03-00 FRI 04:25 PM

P. 05

U.S. Department of Justice

Regional Administrative Remedy Appeal

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy of the completed BP-DIR-9 including any attachments must be submitted with this appeal.

Lee Paul A.
LAST NAME, FIRST, MIDDLE INITIAL

01656-087
REG. NO.

Three-(b) Allenwood
UNIT INSTITUTION

Part A—REASON FOR APPEAL

Appealing the Warden, order.

According to my medical record I have deteriorate hip, reveal by an doctor which is on contract, with this institution. That the mattress, that I am sleeping on have cause my hip to get this way. That why I am requesting this institution supply me with an double mattress, to help ease the pain that I am having. Plus, I have sent medical service to cop-but requesting to place me their call-out to see their "PA" still I wait.

DATE

SIGNATURE OF REQUESTER

Part B—RESPONSE

R. 23

DATE

REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the General Counsel. Your appeal must be received in the General Counsel's Office within 30 calendar days of the date of this response.

RD COPY: WARDEN'S ADMINISTRATIVE REMEDY FILE

CASE NUMBER: 206522

Part C—RECEIPT

CASE NUMBER: 206522 R

Return to:

LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

SUBJECT: _____

NOV-03-00 FRI 04:25 PM

P.06

LEE, PAUL

Reg. No. 01656-087

Appeal No. 200522-R1

Page One

Part B - Response

In your appeal, you contend that you are not receiving adequate medical care at FCI Allenwood. You allege that you have been denied a second mattress to alleviate the problem on your hips.

An investigation of your complaint reveals that during a visit with the orthopedic consultant on July 14, 1999, you admitted to having problems with your hips for more than a year. Your x-rays showed that you suffer from severe degenerative arthritis of your left hip. Pain medication and a cane to help alleviate the weight on your hip had been offered to you but you refused. You have also refused to receive injections to relieve the pain and the swelling. New X-rays taken on February 4, 2000 showed that you suffer from bilateral osteoarthritis greater on your left hip than in your right hip. Your ailment is an old chronic condition that had nothing to do with the fact that you are sleeping on a thin or a single mattress. A review of your medical records indicates no need for a double mattress.

Medical staff advises that you are receiving appropriate medical treatment consistent with community standards. Accordingly, your appeal is denied.

If you are dissatisfied with this response, you may appeal to the General Counsel, Federal Bureau of Prisons. Your appeal must be received in the Administration Remedy Section, Office of General Counsel, Federal Bureau of Prisons, 320 First Street, N.W., Washington, D.C. 20534, within 30 calendar days of the date of this response.

Date: April 14, 2000

DAVID M. RARDIN
Regional Director

NOV-03-00 FRI 04:26 PM

P. 07

U. S. Department of Justice

Federal Bureau of Prisons

Central Office Administrative Remedy Appeal

3B 1160

Type or use ball-point pen. If attachments are needed, submit four copies. One copy each of the completed BP-DIR-9 and BP-DIR-10, including any attachments must be submitted with this appeal.

Lee Paul A.
LAST NAME FIRST MIDDLE INITIAL

01656-087

REG. NO.

Three -B Allenwood

UNIT

INSTITUTION

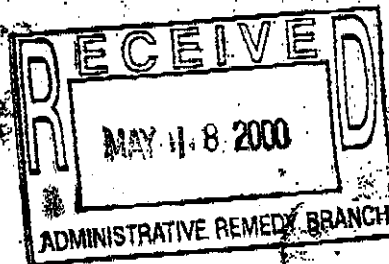
Part A—REASON FOR APPEAL

Appealing Regional answer. The fact that I refuse to take their medication, and shots, is the fear, that what was given to me at FCI-Beckley, Wv, has cause my hip to get this way, while sleeping on your substandard mattress, and very hard metal bunk beds. How is medical staff advises you that I am receiving appropriate medical treatments, when they refuse to see me when I send them an cop-out requesting to place me on there sick call sign up sheet. I have sent them three cop-out, requesting to be seen. I am now using their cane, and taking their medication, because that the only way I am going to get my hip replace, according to your in-house doctor, and orthopedic doctor. That I last seen on 04-12-00 that ilmen is not old, I came into system in very good health, after sleeping on your metal beds, and your very thin mattress, has cause my hip to get this, the the shot that was given to me has cause it to get worse, requesting another mattress to help ease the pain that I am having.

DATE _____

SIGNATURE OF REQUESTER

Part B—RESPONSE



R. 25

DATE _____

GENERAL COURSE

THIRD COPY: WARDEN'S ADMINISTRATIVE REMEDY FILE

CASE NUMBER

C-RECEIPT

CASE NUMBER:

Return to:

LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

SUBJECT:

DATE _____

SIGNATURE OF RECIPIENT OF CENTRAL OFFICE APPEAL

BP-231(13)

NOV-03-00 FRI 04:26 PM

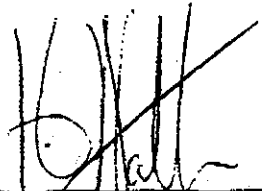
P. 08

Administrative Remedy No. 206522-A2
Part B- Response

This is the response to your Central Office Administrative Remedy Appeal in which you request a thicker mattress.

Review of your medical record indicates that you have chronic degenerative joint disease (arthritis) of the left hip. This has been present for several years. You were examined by an orthopedic specialist on July 14, 1999, who concurred with that diagnosis and recommended anti-inflammatory/pain medication with some activity restrictions. X-rays taken of your hip in February 2000, continue to show arthritis in the left hip with some involvement in the right hip. The progression of your condition is not brought about by the type of mattress you are using. A single mattress will not cause your hip to get worse. The recommendations of the Health Services Staff and Orthopedic Surgeon are appropriate. Your appeal is denied.

July 20, 2000
Date



Harrell Watts, Administrator
National Inmate Appeals

Lee, Paul
01656-087

STANDARD FORM 600 (REV. 8-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

01/18/2001 10:19

94247165

ELKTON

PAGE 02

DATE

SYMPTOM, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

8-22-00
(CONT)

EVALUATION FOR ASSIGNMENT TO FOOD SERVICE (CONTINUED)

Results of Hepatitis Serologic Testing (if indicated):

Other Tests Results (as indicated)

A. Qualified for Food Service?

YES NO

P. Follow up for treatment medically indicated?

YES NO

If Yes: placed in appropriate clinic?

YES NO

Schedule for re-evaluation in 1 Year?

YES NO

N. Manenkoff, PA-C
Robert Manenkoff, PA-C
Physician Assistant

10-6-00

12/5

S. Sinus congestion. at night causing him to
snore. No cough or rhinorrhea

D. HEENT WNL

A. Possible allergy

P. Pt. ed. use saline spray or CTN
available in commissary
Pt. understands + agrees.N. Manenkoff, PA-C
Robert Manenkoff, PA-C
Physician Assistant

10/30/00

1430

ADMINISTRATIVE NOTE: Entire chart except for
dental copied for atty Jeff Fromm, Supervisory
Atty FCC Allenwood. 202 pages.

W. Rehm, Medical Secretary

W. Rehm,
Medical Secretary

NSN 7540-00-634-1176

500-

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

8-22-00

S. EVALUATION FOR ASSIGNMENT TO FOOD SERVICE

1220

PERTINENT MEDICAL HISTORY (Circle appropriate responses below)

H/O Tuberculosis

YES

NO

H/O Positive Mantoux or PPD

YES

NO

POS PPD

H/O BCG Vaccination

YES

NO

Tx 1995

H/O Jaundice or Hepatitis

YES

NO

H/O Any Sexually Transmitted Disease

YES

NO

H/O Intravenous Drug Use

YES

NO

H/O Positive HIV Serology

YES

NO

H/O Pulmonary Disease

YES

NO

H/O Skin Lesions

YES

NO

Explain all YES responses or provide any other history as indicated.

O. Vital Signs: B/P 120/70 Pulse 68 Resp 16 Temp 98 Wt 221

FULL SKIN EXAM: Evidence of open sores, skin lesions, wounds, or any contagious skin condition?

YES

NO

HEENT EXAM:

Icterus?

YES

NO

Oral, pharyngeal, and nasal mucous membranes lesions?

YES

NO

Any tympanic membranes abnormalities?

YES

NO

CHEST EXAM: Any adventitious breath sounds?

YES

NO

ABDOMINAL EXAM:

Tenderness?

YES

NO

Hepatomegaly?

YES

NO

Splenomegaly?

YES

NO

GU EXAM

Penile lesions?

YES

NO

Urethral discharge?

YES

NO

LYMPH NODES EXAM:

Any evidence of palpable submandibular, cervical, supraclavicular, axillary or inguinal lymphadenopathy?

YES

NO

PPD TESTING: Date Performed 1995

Results: Negative

Positive

15 mm induration

RPR TESTING: Date Performed 8-8-95

Results: Non-reactive

Reactive

dils titer

HIV TESTING: Date Performed 7-8-92

Results: Non-reactive

Reactive

(OVER)

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS MAINTAINED AT:

PATIENT'S NAME (Last, First, Middle Initial)

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE SSN/IDENTIFICATION NO.

DATE OF BIRTH

R. 29

FCI - ALLENWOOD
PO Box 2500

8-22-00
(CONT)

EVALUATION FOR ASSIGNMENT TO FOOD SERVICE (CONTINUED)

Results of Hepatitis Serologic Testing (if indicated):

Other Tests Results (as indicated)

A. Qualified for Food Service?

YES NO

P. Follow up for treatment medically indicated?

YES

NO

If Yes: placed in appropriate clinic?

YES

NO

Schedule for re-evaluation in 1 Year?

YES

NO

R. Manenkov PA-C
Robert Manenkov, PA-C
Physician Assistant

10-6-00

1715

S. Sinus congestion at night causing him to
sneeze. No cough or rhinorrhea

D. HEENT WNL

A. Possible allergy

P. Pt. Ed. use saline spray or CTN

available in commissary

Pt. understands + agrees.

R. Manenkov PA-C

Robert Manenkov, PA-C
Physician Assistant

ADIOLOGIC CONSULTATION REQUEST/REPORT

U.S DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

PATIENT NAME
PAUL LEEACCOUNT NO
49248RADIOLOGY NUMBER
001656087AT THE REQUEST OF
DEBRA SPOTTS LPN
FCI ALLENWOOD
P.O. BOX 2500
WHITE DEER, PA 17887DATE OF BIRTH
04/11/1953AGE/SEX
47/MDATE OF SERVICE
07/19/2000

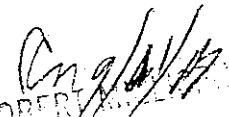
07/19/2000: 071010 CHEST 1 VIEW FM# 919-00

DIAGNOSIS: Chronic infiltrate right base, no acute infiltrates are observed.

COMMENTS: The heart size is top normal with out vascular congestion. Bronchial thickening and chronic infiltrate is noted in the right base unchanged since the prior study. No acute changes are identified at this time.

ELECTRONICALLY SIGNED
Joseph B. Bellissimo, M.D.
JBB/nw
D&T: 083100

CC: ROBERT MIGLIORINO DO


ROBERT MIGLIORINO DO

7-11-00 S. H. clo b. and dry skin on feet and dry nails trimmings.
 1732 J. Best bilateral dry skin over lateral aspect of feet & fissures
 pedicled callus

A: B/L dry skin feet

68725 P 1. Trimmed toenails bilaterally 2. Vaseline aa - b.i.d x 30 days
 2. ~~Sub. term lotion applying to affected areas b.i.d x 30 days~~ ^{error cc 7/1/00}

3.

PATIENT ED. AND INSTRUCTION GIVEN
 AND PT VERBALIZES UNDERSTANDING

ABOUT med use, skin/foot care follow up in

68724

4. Size 7 shoe inserts

G. Ch. Stokett Ph-C

SN 7540-00-834-4178

600-1

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
5/8/00	ADMINISTRATIVE NOTE: Per written request by 11m		
1306	2 copies of ortho consults dated 12/12/99 and 7/14/99 given to 11m in accordance with Lee-Anne Whittmyre, M		
5-19-00	S/meds Refill		
1420	O/S of affected		
	P/- Wagon 275mg #60 RX1 Enon		
	Sig: T PO. BID		
66230	- ACT/ed TAB. # 30		
	Sig: T PO. TID. X 10 days. PRN		
66231	- IBU 800mg. TAB. # 60		
	Sig: T PO. BID		
	- PATIENT ED. AND INSTRUCTION GIVEN AND PT VERBALIZES UNDERSTANDING		
	ABOUT <u>Medication & Caution</u>		
	Ulises Vargas, HSA, MCP.		
6/26/00	Admin. Note: Per written Request by 11m - 1 Copy of ortho consult dated 1/12/00		
	J. SATSUN		

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS
MAINTAINED
AT:

FCI-Allenwood, PO Box 2500, White Deer

PATIENT'S NAME (Last, First, Middle initial)

Lee, Paul

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE SSN/IDENTIFICATION NO.

DATE OF BIRTH

R. 33

01656-087

DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

INMATE REQUEST TO STAFF MEMBER

DATE June 6, 000

TO: Health Admin. Mr. Vargas
(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details).

Requesting to have surgery done to mine large hernia of my
"navel" that may be threatening if the blood supply to mine bulging
intestine are cut-off. If mine intestine are cut-off,
spreads of germs throughout the abdomen, in the event could cause
great pain to me.

Use other side of page if more space is needed

R. 34

NAME: Paul Lee No. 01656-087
Work assignment: Glenn F/S three b
Unit: _____

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

Received 7-7-00

DISPOSITION: (Do not write in this space.)

DATE 7/7/00

*Paul: you need to make sick call to be evaluated
for your request. if the PA. clinically find that
it is necessary and under BOP guidelines He has to
submit to the Committee for approval. [Signature]*

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

BP-362 (INMATE INJURY REPORT)

COMPLETED ON THIS DATE.

PM 2/1/00

ROBERT MIGLIORINO, D.O.

R.J. Mayshock, PA-C

AND BY ALEXANDER'S UNDERSTANDING
OBTAINED AND INSTRUCTIONS GIVEN

4/12/00

ADMINISTRATIVE NOTE:

ortho clinic

11⁰⁰

- wants I.M. to use a ~~chair~~ ^{Knee} brace. - I.M. willing to give it
- & wt. use B/12, walk avoid high impact activity
- Naprosyn 275mg + PO. BID x 30 days. NR's

60155

May take it 4HS dose if needed. not to eat 2 doses

will discuss hip surgery & pt if he is compliant & knee & me

ADMINISTRATIVE NOTE:

4/26/00

1140

Records copied from 2/96 to present to facilitate
response to tort claim TRT-VER-00-449.

Copies included X-Ray reports, AFDD notes,
ortho consults, medical history report, report of
medical exam and medical status forms
total 26 pages.

W. Rehm, Medical Secretary


W. Rehm,
Medical Secretary

R. 35

L RECORD OF MEDICAL CARE

TREATING ORGANIZATION (Sign each entry)

Today - research


 R. J. Mayhew, PA-C

facilitate response

2-99-364

to present including
stat.

Rehm Medical Secretary

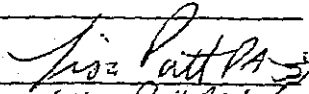
N. Rehm Medical Secretary

lab work check up. Patient

aspt. @ foot

as @ foot

chem profile



 Lisa Patt PA-C

Robert Manenkoff, PA-C

Physician Assistant

I have soak foot warm water

First, Middle Initial

NOR

STATUS

SEX

RANK/GRADE

ORGANIZATION

IDENTIFICATION NO.

01656-087

DATE OF BIRTH

4-11-53

RD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)

R. 36

513-110

NSN 7540-00-634-412

MEDICAL RECORD

CONSULTATION SHEET

183

TO:

Ortho.

REQUEST

FROM: (Requesting physician or activity)
F.A. Terrero-Pena, MLP, PA

DATE OF REQUEST

1-6-200

REASON FOR REQUEST (Complaints and findings)

46 y.o. BO ♂ c severe DDD of @ Hip.
Please evaluate. Thank you.

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE

[Signature]
ROBERT MAGILL, D.O.

APPROVED

[Signature]
2/3/00

PLACE OF CONSULTATION

☒ BEDSIDE☐ ON CALL☐ ROUTINE☐ TODAY☐ 72 HOURS☐ EMERGENCY

CONSULTATION REPORT

RECORD REVIEWED ☐ YES ☐ NOPATIENT EXAMINED ☐ YES ☐ NO

4-12-00

I saw Mr. Paul Lee before. He had some repeat x-rays of his left hip and tells me the hip bothers him, particularly at night. He has refused to use a cane at this point. We talked about it once again. If he requests one and thinks it is of any use, I think it is a good thing to try. He does work out. I think that is great that he is trying to keep his weight under control.

His exam is about the same. He has pain beyond 90° and up at about 90° he wants to abduct somewhat. On internal rotation he goes to just beyond neutral and then he has pain. His distal neurovascular status is grossly intact.

He is only 46 years old, and he may benefit from a good course of Naprosyn or Motrin. He does tell me he takes Naprosyn daily, so I think they can make a balance reason for all of this. His hip doesn't inhibit him from working out, but it is pretty miserable at night. When he wants to talk about a hip replacement I think it would be reasonable to have this discussion with him and perhaps even have Dr. Hahn give him a surgical talk. He is somewhat resistant to the cane, and I told him why I think it would be beneficial to at least try it and give a fair trial at that. I will see him as needed.

John T. Magill, III, M.D./hh

cc: Health Services

(Continue on reverse side)

SIGNATURE AND TITLE

[Signature]
ROBERT MAGILL, D.O.
DATE

IDENTIFICATION NO.

ORGANIZATION

REGISTER NO.

WARD NO.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

FCI - ALLENWOOD
PO Box 2500
White Deer PA. 17887

Lee, Paul A.
01656-087

R. 37

aging

933 ZEIGLER ROAD
LEWISBURG, PA 17837
(570) 522-9300
(888) 522-5540
FAX (570) 522-9304
FAX (888) 522-5541

Services

Open MRI
Spiral CT
Mammography
Ultrasound
X Ray

Professional Services Provided By Tristán Associates

Jinan O. Bahia, M.D.
Joseph B. Bellissimo, Jr., M.D.
Brian P. Bloom, M.D.
Dean M. Brockmole, M.D.
Milton A. Friedlander, M.D.
Mark A. Guenin, M.D.
James R. Hills, M.D.
Joachim J. Huerter, M.D.
Judith A. Jozefiak, M.D.
Michael J. Mandell, M.D.
Ellen M. O'Mara, D.O.
Albert R. Porter, M.D.
Donald J. Schnapf, D.O.
James W. Warren, M.D.

Affiliated Offices

YORK IMAGING CENTER
1640 South Queen Street
York, PA 17403
(717) 843-8983
(800) 648-7489

TRISTÁN ASSOCIATES
4518 Union Deposit Road
Harrisburg, PA 17111
(717) 652-5840
(888) 452-5840

TRISTÁN ASSOCIATES
32 Northeast Drive
Suite 101
Hershey, PA 17033
(717) 533-1736

Paul Lee 01656-087
Bilateral Hips
02/04/00

COMMENT: AP & frog leg views of both hips were obtained. Degenerative changes of the acetabuli are identified, left greater than right. There is marked bony productive change about the inframedial and supralateral aspect of the left acetabulum. There is joint space narrowing on the left greater than right. No fractures or acute bony abnormalities are seen.

IMPRESSION: 1) Bilateral osteoarthritis, left greater than right.

JAJ
Judith A. Jozefiak, M.D.

JAJ/nlw
D&T: 021800

ROBERT MIGLIORINO, D.O.
10/4/22/00

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

INMATE REQUEST TO STAFF MEMBER

02-1-00

DATE

TO: Dr. Migliorino F.C.I. Allenwood

(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details).

Requesting, know what kind of exercise that I am permitted to do here, since you have denied me my right to exercise, because of my degenerative joint disease of the hip.

(Use other side of page if more space is needed)

NAME: Paul Lee No.: 01656-087
Work assignment: F/S Unit: three -b

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

DATE

2/1/00

After reviewing your medical chart you have no restrictions listed at this facility.

R. 39

[Signature]
ROBERT MIGLIORINO, D.O.
Officer

BP-S149.010 INMATE REQUEST TO STAFF MEMBER CUFEM
APR 94

UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

DATE 12-22-99

TO: Health Service, Doctor, in charge of Orthopedics

(Name and Title of Official)

SUBJECT: State completely but briefly the problem on which you desire assistance and what you think should be done (Give details).

Requesting to see the Doctor, concerning my left hip, why I am restricted from any actives.

(Use other side of page if more space is needed)

NAME: Paul lee

No.: 01656-087

Work Assignment: F/S

Unit: three (b)

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

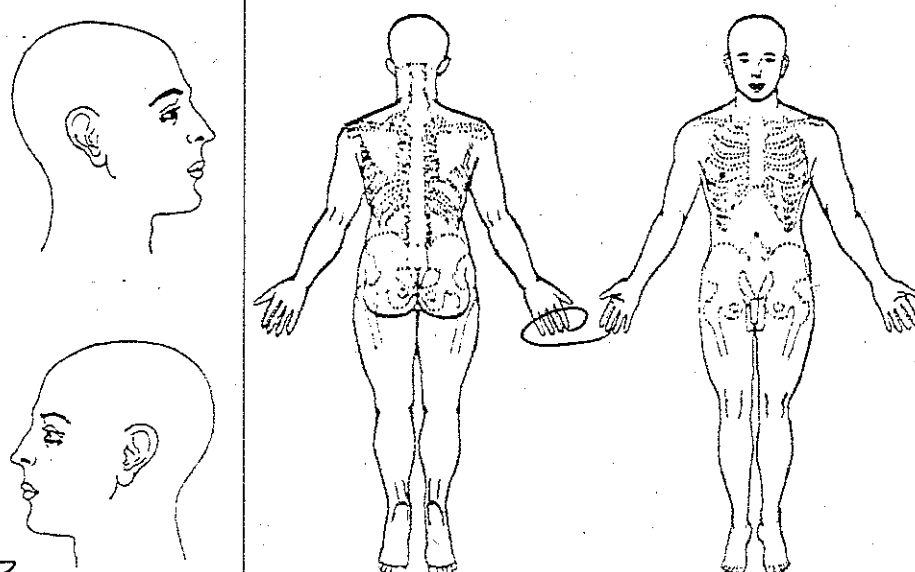
DATE 1-6-2000

You have been referred to Ortho. R. 40
New X-Rays were ordered of your hips. Watch
call out for X-Rays and then Ortho.

P. Penner-Pena

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

INMATE INJURY ASSESSMENT AND FOLLOWUP
(Medical)

1. Institution FBI MICHIGANWOOD	2. Name of Injured LEE PAUL	3. Register Number 01656-087
4. Injured's Duty Assignment FS	5. Housing Assignment 2B	6. Date and Time of Injury 12-9-88 0815
7. Where Did Injury Happen (Be specific as to location) FS	Work Related? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8. Date and Time Reported for Treatment 12-9-88 0830
9. Subjective: (Injured's Statement as to How Injury Occurred)(Symptoms as Reported by Patient) SCRAPOD INJURY on SEC paid CANT R. G. Signature of Patient		
10. Objective: (Observations or Findings from Examination) Small Abrasion on @ 3rd + 4th Fing	X-Rays Taken _____ X-Ray Results _____	Not Indicated <input checked="" type="checkbox"/>
11. Assessment: (Analysis of Facts Based on Subjective and Objective Data) ABRASIOn		
12. Plan: (Diagnostic Procedures with Results, Treatment and Recommended Follow-up) ANTISEPTIC WASH - BACTRACIL + BACTRACIL Edu: Keep clean + dry - AZE PRN undulate scrapes - Bandages issued		
13. This Injury Required: <input type="checkbox"/> a. No Medical Attention <input checked="" type="checkbox"/> b. Minor First Aid <input type="checkbox"/> c. Hospitalization <input type="checkbox"/> d. Other (explain) <input type="checkbox"/> e. Medically Unassigned <input type="checkbox"/> f. Civilian First Aid Only <input type="checkbox"/> g. Civilian Referred to Community Physician MAS HUGH Signature of Physician or Physician Assistant		

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME <i>LCTE PML</i>			2. GRADE AND COMPONENT OR POSITION		3. IDENTIFICATION NO. <i>01656-08</i>	
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code)			5. PURPOSE OF EXAMINATION <i>Route Report</i>		6. DATE OF EXAMINATION <i>9-2-99</i>	
7. SEX <i>M</i>	8. RACE <i>B</i>	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY _____ CIVILIAN _____		10. AGENCY <i>BOP</i>	11. ORGANIZATION UNIT	
12. DATE OF BIRTH <i>4-11-53</i>		13. PLACE OF BIRTH		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS <i>FCL - ALLENWOOD PO Box 2500 White Deer PA 17887</i>				16. OTHER INFORMATION		
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS

NOR- MAL	CLINICAL EVALUATION (Check each item in appropriate column, enter "NE" if not evaluated.)	ABNOR- MAL
	18. HEAD, FACE, NECK AND SCALP	
<input checked="" type="checkbox"/>	19. NOSE	
<input checked="" type="checkbox"/>	20. SINUSES	
<input checked="" type="checkbox"/>	21. MOUTH AND THROAT	
<input checked="" type="checkbox"/>	22. EARS—GENERAL (INTERNAL CANALS) (Auditory acuity under items 70 and 71)	
<input checked="" type="checkbox"/>	23. DRUMS (Perforation)	
<input checked="" type="checkbox"/>	24. EYES—GENERAL (Visual acuity and refraction under items 55, 56 and 57)	
<input checked="" type="checkbox"/>	25. OPHTHALMOSCOPIC	
<input checked="" type="checkbox"/>	26. PUPILS (Equality and reaction)	
<input checked="" type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel movements nystagmus)	
<input checked="" type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)	
<input checked="" type="checkbox"/>	29. HEART (Thrust: size, rhythm, sounds)	
<input checked="" type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)	
<input checked="" type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)	
<input checked="" type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, Fissures, Prostate, if indicated)	
<input checked="" type="checkbox"/>	33. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	34. G-U SYSTEM <i>NE</i>	
<input checked="" type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/>	36. FEET	
<input checked="" type="checkbox"/>	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
<input checked="" type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
<input checked="" type="checkbox"/>	40. SKIN, LYMPHATICS	
<input checked="" type="checkbox"/>	41. NEUROLOGIC (Equilibrium tests under item 72)	
<input checked="" type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done)	
	<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary)

Male pattern alopecia

PERMANENT

*SPILLY RECOVERABLE UMBILICAL HERNIA
from previous 8/99*

(Continue in item 73)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)																REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES											
<table border="0"> <tr> <td>Restorable Teeth</td> <td>Non- restorable teeth</td> <td>Missing Teeth</td> <td>Replaced by Dentures</td> <td>Fixed Partial dentures</td> </tr> <tr> <td>1 2 3 32 31 30</td> <td>1 2 3 32 31 30</td> <td>1 2 3 32 31 30</td> <td>1 2 3 32 31 30</td> <td>1 2 3 32 31 30</td> </tr> </table>																Restorable Teeth	Non- restorable teeth	Missing Teeth	Replaced by Dentures	Fixed Partial dentures	1 2 3 32 31 30	1 2 3 32 31 30	1 2 3 32 31 30	1 2 3 32 31 30	1 2 3 32 31 30		
Restorable Teeth	Non- restorable teeth	Missing Teeth	Replaced by Dentures	Fixed Partial dentures																							
1 2 3 32 31 30	1 2 3 32 31 30	1 2 3 32 31 30	1 2 3 32 31 30	1 2 3 32 31 30																							
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L										
I	02	01	00	09	08	07	06	05	04	03	02	01	00	09	08	07	E										
C																	F										
H																	T										
T																											

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY			46. CHEST X-RAY (Place, date, film number and result)		
B. ALBUMIN		D. MICROSCOPIC			
C. SUGAR					
47. SEROLOGY (Specify test used and result)		48. EKG	49. BLOOD TYPE AND RH FACTOR		50. OTHER TESTS

R. 42

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 5'7"		52. WEIGHT 223		53. COLOR HAIR BLK		54. COLOR EYES BRN		55. BUILD: <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> HEAVY <input type="checkbox"/> OBESE		56. TEMPERATURE	
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)					
A. SITTING SYS. 136 DAS. 84		B. RECUMBENT SYS. 136 DAS. 84		C. STANDING (5 min.) SYS. 136 DAS. 84		D. SITTING 72 R		E. AFTER EXERCISE		F. 2 MIN. AFTER	
59. DISTANT VISION		60. REFRACTION		61. NEAR VISION		62. HETEROPHORIA (Specify distance)		63. ACCOMMODATION		64. COLOR VISION (Test used and result)	
RIGHT 20/		BY S. CX		CORR. TO		BY		CORR. TO		BY	
LEFT 20/		BY S. CX		CORR. TO		BY		CORR. TO		BY	
ES*		EX*		R.H.		L.H.		PRISM DIV.		PRISM CONV.	
65. FIELD OF VISION		66. NIGHT VISION (Test used and score)		67. RED LENS TEST		68. INTRAOCULAR TENSION		69. DEPTH PERCEPTION (Test used and score)		70. HEARING	
RIGHT WV		/15 SV		/15		250 258		500 512		1000 1024	
LEFT WV		/15 SV		/15		2000 2048		3000 2896		4000 4096	
						6000 5144		8000 8192		71. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)	

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

UMBILICAL HERNIA - REDUCIBLE
 OBESITY
 @ PPPD, TREATED 1995

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

76. A. PHYSICAL PROFILE

77. EXAMINEE (Check)

A. ☒ IS QUALIFIED FORB. ☐ IS NOT QUALIFIED FOR

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

R.J. Mayshock, PA-C

SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

SIGNATURE

82. TYPED OR PRINTED NAME OF PHYSICIAN (Indicate which)

ROBERT M. LUCIANO, D.D.

SIGNATURE

NUMBER OF ATTACHED SHEETS

ATTACH 3D REPORT ALONG HERE ▲ AND SUCCEEDING ONES ON ABOVE LINES

ATTACH 2D REPORT WITH TOP AT THIS LINE ▲

THIS LINE ▲

BP-S622-060
AUG 96

RADIOLOGIC CONSULTATION REQUEST/REPORT

CD FORM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Patient Identification Name, Register Number, Institution LEE, Paul 01656-087 4/11/53	Age 46	Sex M	EXAMINATION REQUESTED Chest	Date Requested 7/2/99
	Pregnant <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Requested by A. Warden		
FCI ALLENWOOD, WHITE DEER, PA				

Specific reason(s) for request (Complaints and findings)

Hx. + PPD - annual examination

Date of examination 7/2/99	Date of Report 7/13/99	Date of Transcription 7/16/99	Film # 763-99
-------------------------------	---------------------------	----------------------------------	------------------

Radiologic Report

CHEST (SINGLE PA VIEW)

Normal heart and lungs. No pleural, hilar, or mediastinal abnormalities of significance noted. No radiographic changes suspicious of an active TB noted.

IMPRESSION: NORMAL.

Signature <i>[Signature]</i>	Location of Radiologic Facility FCI ALLENWOOD, WHITE DEER, PA.
Original - Medical Record; Copy - Physician; Copy - Radiology (This form may be replicated via WP)	

29 7/16/99
R. 45

ATTACH 3D REPORT ALONG HERE ▲ AND SUCCEEDING ONES ON ABOVE LINES

ATTACH 2D REPORT WITH TOP AT THIS LINE ▲

ATTACH 1ST REPORT ALONG LEFT MARGIN WITH TOP AT THIS LINE ▲

#S622.060 RADIOLOGIC CONSULTATION REQUEST/REPORT CDFRM

AUG 96

U.S. DEPARTMENT OF JUSTICE 4-11-83

FEDERAL BUREAU OF PRISONS

Patient Identification Name, Register Number Institution <i>Lee, Paul A.</i> <i>01456-087</i>	Age <i>46</i>	Sex <i>M</i>	EXAMINATION REQUESTED <i>② hip</i>
	Pregnant <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Requested by <i>D. George PHS / mfgd requested</i>	

Specific reason(s) for request (Complaints and findings)

*hx. ② hip bursts.*Date of examination
*6/2/99*Date of Report
*6/23/99*Date of Transcription
*6/30/99*Film #
634-99

Radiologic Report

LEFT HIP

There are no recent fractures nor dislocations. There are no lytic nor blastic lesions seen. Severe degenerative arthritis of the left hip joint is noted, with irregular narrowing of the joint space, cortical sclerosis, & marginal spur formation.

IMPRESSION: SEVERE DEGENERATIVE CHANGES OF THE LEFT HIP JOINT.

Signature

John M. m.

Location of Radiologic Facility

FCI ALLENWOOD, WHITE DEER, PA.

Original - Medical Record; Copy - Physician; Copy - Radiology

(This form may be replicated via WP)

AIF SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (only)

1-99 S: Pt in for ORTHO Consult c Dr. Magill.

135 O: Examined by DR. Magill. See consult sheet.

A: DJD of @ Hip.

P: Pt. instructed candidate for hip replacement in future. Offered cane and local injection. Which pt. refused. RTC - PRN.

F. A. Terrero-Pena.
F.A. Terrero-Pena, MLP, PA

14/99

ADMINISTRATIVE NOTE:

700

PT. SEEN BY OPTOMETRY CONSULTANT.
SEE CONSULT IN SECTION 2.

Lee-Anne Whitmyre, HIT

128/99

ADMINISTRATIVE NOTE:

12/28/99
wrong chart
written request by J/M

1449

a copy of medical records, excluding HIV results. 5 copies
given to J/M via mail.

Lee-Anne Whitmyre, HIT

1/13/99 EP-362 (INMATE INJURY REPORT)
COMPLETED ON THIS DATE.

R. J. Mayshock, PA-C

P-18-99

1050

(5) Pt. requesting prostate exam. Denies any symptoms, but was
it checked due to his age.(6) abd - round, soft, N.T. active B.S. K4. & masses.
Rectal - & hemorrhoids, no enlargement of prostate, firm,
non tender, no masses occult bld neg.

(7) Performed prostate exam, no abnormalities found.

(8) Dx: PSA ordered

Rx: 0

PATIENT EDUCATION AND INSTRUCTION

Patient given and verbalized understanding

RTC: Per Lab-

MA [Signature] PA-C

NSN 7540-00-634-4176

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

-DATE-

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

4-30-99 (C) unchanged from previous
cont. (A) 1 URI-viral

PATIENT EDUCATION AND INSTRUCTION
GIVEN AND PT VERBALIZES UNDERSTANDING
ABOUT Don't get CMIS

from commissary

pt. requests Mfill Actifed/Humabio
Request Denied Requests "lit
yellow pills."

② RTC pin or if it worsen.

Robert Manenkoff, PA-C
Physician Assistant

For J/3/99
ROBERT MIGLIORINO, D.O.

D. Gluge PA
Dawn Duce

6-23-99
1545

Admin note: Patient did not show for sick call appt.

M. Anthony Bryant, PA-C

7-6-99
1245

S. Pt. here to discuss x-ray result.
O. no exam done

A. DJJ (C) Hip

P. Rt. Ed. - D.O. explained to pt. =
various Tx options.

Explained that he will see orthopedic

SPECIALIST SECTION 5

Pt. agrees & understands

R. Manenkoff PA-C

Robert Manenkoff, PA-C
Physician Assistant

R. 48

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

F. CI Allenwood

RECORDS
MAINTAINED
AT:

PATIENT'S NAME (Last, First, Middle initial)

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRA

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE

SSN/IDENTIFICATION NO.

DATE OF B

011656-087

4-11-5

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 10-67)
Prescribed by GSA and ICMR

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

4-26-99
1440

⑤/ Pt. c/o nasal d/c (white) & congestion & cough & sputum. Also c/o hernia & hx. @ hip bursitis

⑥/ T 97.6°F

HEENT: NC/AT @ sinus tenderness; PERLA / EOMI Ed/c. CANALS clear, TM's gray & light reflex / ANDMARKS turbinates inflamed & white d/c, throat patent & mild erythema @ PND. NECK: Lymphadenopathy. LUNGS: CTAB @ Adventitia. CX: RRR. ABD: soft / round NT/ND @ organomegaly @ umbilical hernia - reducible @ strangulation / incarceration. @ hip: ↓ ROM all fields, @ point tenderness over joint @ erythema or signs of active inflammation.

⑦/ 1 URI - viral

2. umbilical hernia

3. @ hip bursitis by hx.

46351 ⑧/ Rx: Humabid $\dot{\bar{i}}$ po BID x 5d.46352 Actifed $\dot{\bar{i}}$ po TID x 5d.46353 Motrin 400mg $\dot{\bar{i}}$ - $\dot{\bar{i}}$ q 6-8° or prn for pain x 10dM. Potter, Rph. X-rays: 4-ray @ hip
Pharmacist

PATIENT EDUCATION AND INSTRUCTION
GIVEN AND PT VERBALIZES UNDERSTANDING
ABOUT Defecation

② meds & side effects

③ f/u: RTC w/in

④ consult for ortho written

A. Manenoff, PA-C
Physician Assistant

J. Kiege PA-C
Dr. D. Dugge

4-30-99
1300

⑤/ "The medication you gave me is not working."

Pt. still c white nasal d/c, congestion, cough.

Medicines will run out tomorrow.

Pt. denies any Δ in sx or severity (cont)

NSN 7540-00-634-4176

60

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

INMATE ARRIVED FCI ALLENWOOD ON 1116-98 AT 202
HOURS - TRANSFER FROM FCI BECKLEY.

J. WILLIAMSON, HIT

J. Williamson, HIT

4-19-99
1110

① Patient c/o, "my glasses are causing dark places under my eyes" States glasses were prescribed at FCI Beckley with this personal ~~frames~~ ^{cross made 4/19/99} glasses we found, "not to be strong enough." Optometry prescribed current glasses & frames.

States - The officers keep asking me who hit me in the

② Eyes - PERRLA, EOM's intact. Lower orbits show hyperpigmentation with the pattern of the frame clearly visible. Orbit is nontender to palpation, & edema is noted.

③ Hypopigmentation of skin of lower orbits. R/O hypersensitivity to frame of glasses.

④ Dx. Optometry consult to re-evaluate prescription and install lenses into personal frames.

Rx: &

Pat Ed:

PATIENT EDUCATION AND INSTRUCTION
GIVEN AND PT VERBALIZES UNDERSTANDINGABOUT optometry consult.

wears glasses only when work

as reading until seen by optometry.

RTC: PRN or for optometry appt.

4/19/99
ROBERT MIGLIORINO, D.O.

MA Bryant, PA-C

R. 50

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

FCI - ALLENWOOD
PO Box 2500
White Deer PA. 17827

RECORDS
MAINTAINED
AT:

PATIENT'S NAME (Last, First, Middle Initial)

LEE, Paul A

SEX

M

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE SSN/IDENTIFICATION NO.

011656-087

DATE OF BIRTH

4-11-5

NSN 7540-00-834-4178

600-108

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

11/2/98 S. have (L) hip art hrt's
 need pain med
 NKA O+A hip pain by hx
 P Motrin 800 TID prn X300
 Edre dx to Rx 2 comp 20mg

Kent Officer, Rph
 Federal Transfer Center, OK

Marilyn Jones, RN
 Contract Nurse
 FTC, Oklahoma City, OK

R. 51

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

Lee Paul
 01656087
 3A

RECORDS
MAINTAINED
AT:

PATIENT'S NAME (Last, First, Middle initial)

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE SSN/IDENTIFICATION NO.

DATE OF BIRTH

Federal Transfer Center

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)

BP-S149.060 MEDICAL RECORD OF FEDERAL PRISONER IN TRANSIT CDFRM

JUL 96

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TB Clearance PPD Completed: <u>3/10/95</u> Date Results: <u>15</u> mm Interpreted as: <u>POS</u> (Positive or Negative) CXR Completed: <u>7/1/98</u> (Date) Results: <u>WNL</u> Note: Date(s) listed above must be within one year of this transfer.		Name: <u>Lee, Paul</u> Reg. No. <u>01656-087</u> Departed From: <u>FBI Beckley</u> Date Departed: <u>10/28/98</u> Destination: <u>ALM</u> Reason for Transfer: <u>WOW-MEDICAL</u> Name of Institution Special Instructions: <u>Blood and Body Fluid Precautions</u> <u>NO KNOWN ALLERGIES</u> Diagnoses: 1. <u>Hx. (+) VLD</u> 4. _____ 2. <u>ESSENTIALLY HEALTHY W/AL</u> 5. _____ 3. _____ 6. _____	
--	--	---	--

No inmate may be transferred to any BOP facility unless either PPD or CXR results are satisfactory for medical clearance.

MEDICATION FOR CARE ENROUTE

Medication	Dose	Route	Instructions for Use (Include proper time for administering)	Stop
<u>NONE</u>				

Signature of Certifying Medical Staff Member <u>[Signature]</u>	Title <u>VA</u>	Date Signed <u>10/27/98</u>
--	--------------------	--------------------------------

PROGRESS NOTES ENROUTE

Date	Time	Institution	Symptoms, Findings, Medications, Treatment, Order, Etc.
10/27/98	1400	FBI OKC	O.K. FOR TRANSFER. <u>[Signature]</u>

Federal Transfer Center
Oklahoma City, OK
Date: OCT 26 1998

Medication: Yes No
 Hot Meds: Yes No
 Meds Issued: Yes No
 Lice Seen: Yes No

Signature & Stamp
[Signature]
 Brian Cronerwett, LT.
 Registered Nurse
 Federal Transfer Center, OKC, OK

Food or Drug Allergies:
 NKA; Allergies: _____

Current Medical Status:
 No Complaints; Complaint of _____

TB Signs and Symptom (s): NONE
 cough, hemoptysis, night sweats, wt. loss

MEDICATION TIMES
 Once daily = 8:00 a.m.
 2 x daily = 8:00 a.m. & 2:00 p.m.
 3 x daily = 8:00 a.m., 12:00 p.m., & 6:00 p.m.
 4 x daily = 8:00 a.m., 12:00 p.m., 4:00 p.m., & 8:00 p.m.
 Other: _____

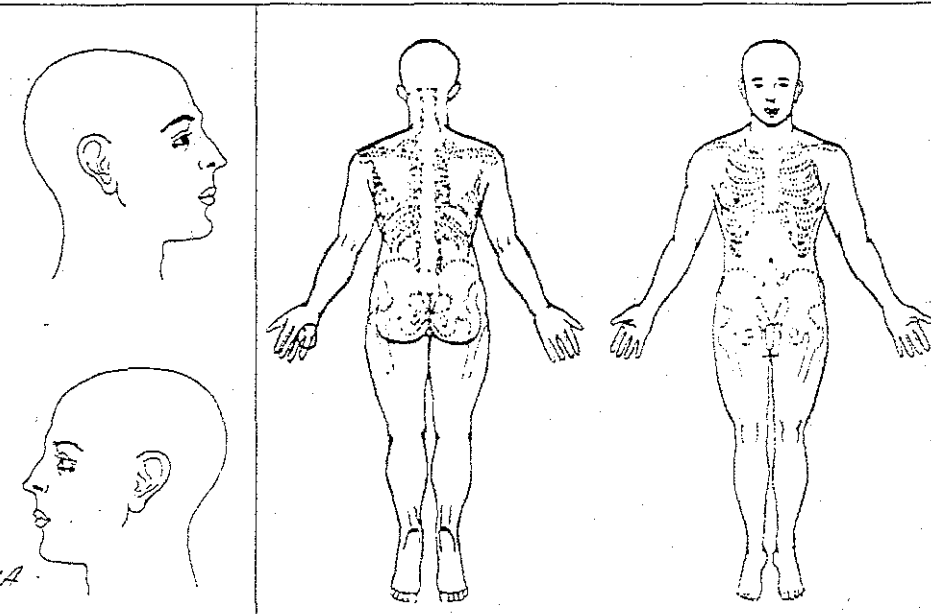
NOV 13 1998

R. 52

11-6-98 1945 FBI-ALM reviewed BP3602IM
 Emergent CIO presently & lice seen.
 Attach SF-600 if additional space is required.

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

INMATE INJURY ASSESSMENT AND FOLLOWUP
(Medical)

1. Institution <i>FCT Beckley</i>	2. Name of Injured <i>Lee, Paul</i>	3. Register Number <i>01656087</i>
4. Injured's Duty Assignment <i>Food Service</i>	5. Housing Assignment <i>Volar A Upper</i>	6. Date and Time of Injury <i>8/25/98 0600</i>
7. Where Did Injury Happen (Be specific as to location) <i>Food Service, back room</i>	Work Related? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8. Date and Time Reported for Treatment <i>8/25/98 0645</i>
9. Subjective: (Injured's Statement as to How Injury Occurred)(Symptoms as Reported by Patient) <i>The guy said something I did not like and we fought</i> <i>[Signature]</i> Signature of Patient		
10. Objective: (Observations or Findings from Examination) <i>1-1/2" laceration, bleeding</i>	X-Rays Taken _____ X-Ray Results _____	Not Indicated _____
<i>laceration to metacarpal joint. FROG, no damage.</i>		
11. Assessment: (Analysis of Facts Based on Subjective and Objective Data) <i>① minor laceration 879.6(A)</i> <i>② Confusion</i>		
12. Plan: (Diagnostic Procedures with Results, Treatment and Recommended Follow-up) <i>① Triple antibiotic twice a day</i> <i>② Keep wound dry & clean</i>		
13. This Injury Required: <input type="checkbox"/> a. No Medical Attention <input checked="" type="checkbox"/> b. Minor First Aid <input type="checkbox"/> c. Hospitalization <input type="checkbox"/> d. Other (explain) <input type="checkbox"/> e. Medically Unassigned <input type="checkbox"/> f. Civilian First Aid Only <input type="checkbox"/> g. Civilian Referred to Community Physician <i>[Signature] E. SCHIP, M.D.</i> Signature of Physician or Physician Assistant		

Self Carboned Form - If ballpoint pen is used, PRESS HARD

Original - Medical File

Canary - Safety

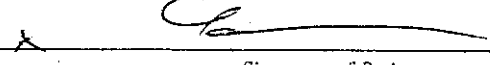
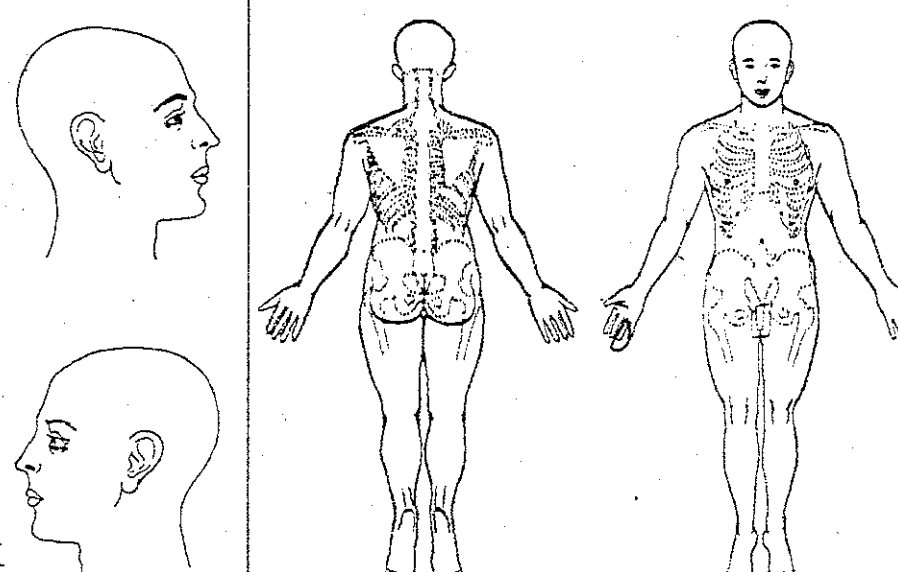
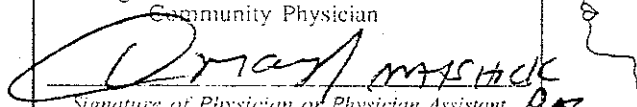
Pink - Work Supervisor (Work related only)

Goldendred - Correctional Supervisor

R. 53

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

INMATE INJURY ASSESSMENT AND FOLLOWUP
(Medical)

1. Institution FBI ALEXWOOD		2. Name of Injured LEE Paul		3. Register Number 01656-087	
4. Injured's Duty Assignment FS AM		5. Housing Assignment 3B		6. Date and Time of Injury 8-13-99 1110	
7. Where Did Injury Happen (Be specific as to location) FS DINING AREA			Work Related? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. Date and Time Reported for Treatment 8-13-99 1115
9. Subjective: (Injured's Statement as to How Injury Occurred)(Symptoms as Reported by Patient) CARRYING 2 BAGS OF PLASTIC CUPS - HAD WALKING - CAUGHT SLEEP ON NETER BOX & CUT ON 4TH FINGER ON PLASTIC 					
10. Objective: (Observations or Findings from Examination) DEEP ABRASION (2) 4TH FINGER DISTAL END @ NAIL ROOT AREA			X-Rays Taken <input type="checkbox"/> Not Indicated <input checked="" type="checkbox"/> X-Ray Results		
11. Assessment: (Analysis of Facts Based on Subjective and Objective Data) ABRASION					
12. Plan: (Diagnostic Procedures with Results, Treatment and Recommended Follow-up) ANTISEPTIC WASH - BANDAGE DRESSING - EDUCATE TO KEEP CLEAN & DRY - 2 GLOVES ISSUED					
13. This Injury Required:					
<input type="checkbox"/> a. No Medical Attention <input type="checkbox"/> b. Minor First Aid <input type="checkbox"/> c. Hospitalization <input checked="" type="checkbox"/> d. Other (explain) See 12 <input type="checkbox"/> e. Medically Unassigned <input type="checkbox"/> f. Civilian First Aid Only <input type="checkbox"/> g. Civilian Referred to Community Physician		 Signature of Physician or Physician Assistant Paul			

Original - Medical File

Canary - Safety

Pink - Work Supervisor (Work related only)

Goldenrod - Correctional Supervisor

Self Carboned Form - If ballpoint pen is used, PRESS HARD

R. 54

513-110

NSN 7540-00-634-412

MEDICAL RECORD

CONSULTATION SHEET

REQUEST

TO: <u>OPD to</u>	FROM: (Requesting physician or activity) <u>FCI MED</u>	DATE OF REQUEST <u>7-24-98</u>
-------------------	--	-----------------------------------

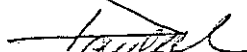
REASON FOR REQUEST (Complaints and findings)

REFER TO YOUR CONSULT OF 5-4-97. SIB RETURNING. PT WOULD
LIKE ANOTHER STEROID INJECTION.

PROVISIONAL DIAGNOSIS

PIRIFORMIS SYNDROME

DOCTOR'S SIGNATURE

 P. Diambra PA

APPROVED

REGON-RIVERA
BECKLEY

PLACE OF CONSULTATION

☐ ROUTINE ☐ TODAY
☐ BEDSIDE ☐ ON CALL ☐ 72 HOURS ☐ EMERGENCY

CONSULTATION REPORT

RECORD REVIEWED ☐ YES ☐ NOPATIENT EXAMINED ☐ YES ☐ NO

1300 /
12:30 Appointment
NO Show
JA Blaylock

R. 55

(Continue on reverse side)

SIGNATURE AND TITLE

DATE

IDENTIFICATION NO

ORGANIZATION

REGISTER NO.

WARD NO.

PATIENT

LEE

PAUL A

01656-087

te: rank; rate: hospital or medical facility)

B/M/O/O4-11-1953

HT/508

WT/205

HR/BK

EY/BN

CUSTODY/IN

CONSULTATION SHEET

Medical Record

LEE, PAUL A. -- 01656-087

7-14-99 Mr. Lee is 46 years old. He says that he never had any trouble with his hip before, but he has been having pain for a couple of years, while he has been in the system. There was no trauma beforehand. Overall he is healthy. He says that he takes no medication and that he has no blood problems, etcetera. At any rate, some x-rays were taken that show what is described as severe degenerative arthritis of the left hip. The x-rays are not available for my review today.

On examination today he flexes to about 90 degrees and then he has discomfort. Essentially he has no internal rotation from there. He comes to about neutral. He has about 15 degrees of external rotation. He flexes the same. Abduction is about 10 to 15 degrees less than that of his right hip.

I talked to him about using a cane. He tried ibuprofen in the past but that didn't seem to help. Perhaps the combination of the two will be of some value. He is awfully young to have a hip replacement, but that may be the best choice for him, depending upon how much pain he has. Certainly he would have to understand the risks of proceeding in that fashion. He complains of lateral-sided discomfort a little above the trochanteric area. We talked about an injection into the trochanteric area. He had one there a couple of years ago. He is sore just above the usual position for trochanteric bursitis. Mr. Lee does not want an injection. He does not want to use a cane.

I would be happy to review the films when they become available.

John T. Magill, III, M.D./als

cc: Health Services, FCI Allenwood

8/11/99
ROBERT MIGLIORINO, D.O.

00017510 00 634 4127

MEDICAL RECORD

CONSULTATION SHEET

REQUEST

FROM: **FOUR ALLENWOOD**
PO Box 2500
White Deer PA. 17887

DATE OF REQUEST

4-26-99

Ortho clinic

REASON FOR REQUEST

pt & hx. @ hip bursitis. States it is currently painful.
 Exam shows ↓ ROM; point tenderness however no erythema or edema
 was noted. Frays of @ hip ordered.

PROVISIONAL DIAGNOSIS

@ hip bursitis

PHYSICIAN'S SIGNATURE

A. Marentino

RECORD REVIEWED

ROBERT MIGLIORINO, D.O.

APPROVED

PLACE OF CONSULTATION

IN BEDSIDE

OFFICE

CONSULTATION REPORT

EMERGENCY EXAMINED

ROUTINE

TODAY

72 HOURS

EMERGENCY

7-14-99 See the attached dictated note JTM/als

R. 57

(Continue on reverse side)

SIGNATURE AND TITLE

DATE

IDENTIFICATION NO.

OPERATING ROOM

REGISTER NO.

WARD NO.

PATIENT'S IDENTIFICATION (If not typed or written on this page, Name, Last, first, middle, grade, rank, rate, hospital or medical facility)

Lee, Paul A.

DULLES 08-7

CONSULTATION SHEET

Medical Record

A & O EXAMINATION - WEEK OF _____

Inmate Name: LEE, PaulReg. No. 01656-087

Medical Duty Status:

Clinics: (check next due date)

Allergic to Wool
 No Sports/No Weight Lifting
 No Excess Cold/Wind
 Glasses Required for Driving
 No Work in High Noise Areas
 No Ladders/No Upper Bunk
 No Excess Sun
 Lower Bunk Required
 No Driving-Medical Condition
 No Duty Due to Medical Condition
 No Food Service
 Pollution Free Area
 Not Medically Cleared
 Orthopedic Shoes
☒ Regular Duty-No Restrictions ✓
☐ Regular Duty With Restrictions
 Soft Shoes
☐ Special Diet-Medical Condition
☐ No Prolonged Standing
☐ No Lifting Over 15 lb.
☐ No Lifting Over 20 lb.
☐ No Lifting Over 25 lb.
☒ Cleared For Food Service ✓
 Other Comments: _____

Hypertension
 Cardiac
 Pulmonary
 Diabetic
 General
 Infectious Disease
 Mental Health

Disabilities: (note disability
 and any necessary
 accommodations)

PPD Status:

Date of Last PPD 3-10-95 ✓
 Last PPD Result +15 mm ✓

If Positive PPD:
 Date of Last CXR 7-1-98 ✓
 TB Prophyl Code: 795.5 B ✓
 TB Prophyl Dates 10-20-95 ✓
 (may be by hx or n/a)

Practitioner's Initials: RMToday's Date: 11-27-98Chart /MDS's / SMD's Reviewed: ROBERT MIGLIORINO, D.O.

Clinical Director's Signature

FCI Allenwood
 P. O. Box 2500
 White Deer, PA 17887

**please place this file in
 Dr.'s box if signature is
 needed on physical exam

CURRENT STATUS (PER SENTRY) ARE HIGHLIGHTED
 PLEASE REVIEW CHART FOR APPROVAL OR CHANGES

R. 58

BP-S354.060 INTAKE SCREENING (MEDICAL) CDFRM

NOV-94

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

(Medical staff shall complete this screening form on all arrivals to the Institution)

Institution <u>FCI-ALM</u>	Date of Arrival <u>11-16-98</u>	Time of Arrival <u>1830</u>
Inmate's Name <u>Lee, Paul</u>	Register Number <u>01656-087</u>	

M E D I C A L C L E A R A N C E

1. BP-149(60) reviewed? ☒ yes; ☐ no (Explain)
2. General Population Housing Approved? ☒ yes; ☐ no (Specify limitation or need)
3. Approved for Temporary Work Assignment? ☐ yes; ☒ no (Specify limitations or exclusions)
no barbershop, food service/or hospital until cleared by PA.
4. For Holdovers: OK for Continued Transport? ☒ yes; ☐ no (Explain)
5. Disabilities? ☐ yes ☒ no (If yes, enter code(s) into MDS)
Code(s)

6. Remarks:

Medical Staff Signature, RN <u>Dianne L. Lantz RN</u>	Date <u>11-16-98</u>	Time <u>1945</u>
Medical Staff Title <u>Registered Nurse</u>		

Record Copy - Inmate Central File; copy - file
(This form may be replicated via WP)

U.S. Department of Justice
Federal Bureau Of Prisons

MEDICAL HISTORY REPORT

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY CONFIDENTIAL USE ONLY
AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME <u>Lee Pau A</u>		2. REGISTER NUMBER <u>01656-087</u>
3. PURPOSE OF EXAMINATION <u>intake screening</u>	4. DATE OF EXAMINATION <u>11-16-98</u>	5. EXAMINING FACILITY <u>FBI-ALM</u>
6. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint arises) <u>"Good"</u> <u>0 meds</u>		

7. HAVE YOU EVER (Please check each item)		8. DO YOU (Please check each item)	
YES	NO	YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Check each item)		(Check each item)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lived with anyone who had tuberculosis		Wear glasses or contact lenses	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coughed up blood		Have vision in both eyes	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bled excessively after injury or tooth extraction		Wear a hearing aid	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Attempted suicide		Stutter or stammer habitually	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Been a sleepwalker		Wear a brace or back support	

9. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)							
YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet fever	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy or fits
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic fever	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Car, train, sea or air sickness
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swollen or painful joints	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent trouble sleeping
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent or severe headache	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Depression or excessive worry
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness or fainting spells	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loss of memory or amnesia
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eye trouble	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nervous trouble of any sort
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ear, nose, or throat trouble	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Periods of unconsciousness
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hearing loss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had homosexual contact?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chronic or frequent colds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Been exposed to AIDS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Severe tooth or gum trouble	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol Use (Excessive)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sinusitis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drug Use/Addiction
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hay Fever	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Marijuana
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Head injury	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cocaine
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin diseases	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heroin
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid trouble	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L.S.D.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Amphetamines
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Others: (Specify)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol or drug Withdrawal Problems
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pain or pressure in chest	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chronic cough	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Palpitation or pounding heart	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High or low blood pressure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cramps in your legs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent indigestion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stomach, liver, or intestinal trouble	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gall bladder trouble or gallstones	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jaundice or hepatitis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

11. WHAT IS YOUR USUAL OCCUPATION?

R. 60

12. ARE YOU (Check one)
☒ Right handed ☐ Left handed

10. FEMALES ONLY HAVE YOU EVER
☐ Been treated for a female disorder
☐ Had a change in menstrual pattern
☐ ARE YOU PREGNANT
☐ SUSPECT YOU ARE PREGNANT

CHECK EACH ITEM YES OR NO EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE BELOW			
YES	NO		
		13. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.	
		B. Inability to perform certain motions.	
		C. Inability to assume certain positions.	
		D. Other medical reasons (If yes, give reasons.)	
		14. Have you, ever been treated for a mental condition? (If yes, specify when, where, and give details.)	
		15. Have you ever been denied life insurance? (If yes, state reason and give details.)	
		16. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.)	
		17. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)	
		18. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)	
		19. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)	
		20. Have you ever been rejected for military service because of physical, mental, or other reason? (If yes, give date, and reason, for rejections.)	
		21. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge whether honorable, other than honorable, for fitness or unsuitability.)	
		22. Have you ever received, is there pending, or have you applied for pension, or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)	

EXPLANATION: (#13-22 ABOVE)

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record.

TYPED OR PRINTED NAME OF EXAMINEE-

SIGNATURE

INTAKE SCREENING:

INMATE RECEIVED FROM: COURT _____ TRANSFER ☒ P.V. _____

OTHER _____

MEDICAL STAFF'S COMMENTS AND OBSERVATIONS: PLEASE DIRECT YOUR ANSWERS TO MENTAL STATUS, POTENTIAL SUICIDE, APPEARANCE, CONDUCT, STATE OR CONSCIOUSNESS, RASHES, JAUNDICE, BRUISES AND/OR MARKS, SWEATING, BODY DEFORMITIES, ETC. NOTE OBSERVATIONS IN BLOCK 23 BELOW.

IF DRUGS HAVE BEEN USED, NOTE TYPE, HOW LONG, HOW MUCH, HOW OFTEN, HOW USED, WHEN WERE THEY LAST USED: HAVE

THERE BEEN ANY PROBLEMS SINCE STOPPING THE USE OF DRUGS OR ALCOHOL? _____

DOES PATIENT NEED TO BE SEEN IMMEDIATELY BY THE MEDICAL STAFF YES _____ NO ☒

WHAT ARRANGEMENTS HAVE BEEN MADE? _____

DUTY STATUS: TEMPORARY WORK ☒ RESTRICTED _____

GENERAL POPULATION ☒ YES _____ NO _____

TYPE AND EXTENT OF LIMITATION _____

23. Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers in item 6 through 22. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

① Hearing loss ② ear.
② c/c ③ hip bursitis

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TYPED OR PRINTED NAME OF PHYSICIAN OR

DATE

SIGNATURE

NUMBER OF

BP-S354.060 INTAKE SCREENING (MEDICAL) CDFRM

NOV 94

U.S. DEPARTMENT OF JUSTICE

(Medical staff shall complete this s
Institution)

Institution

Date of

Inmate's Name

LEE

PAUL A

01656-087

B/M/O/04-11-1953

HT/508WT/205HR/BKEY/BN

CUSTODY/IN

M E D I C A L

1. BP-149(60) reviewed? ☒ yes; ☐ no (Explain)2. General Population Housing Approved? ☒ yes; ☐ no (Specify limitation or need)3. Approved for Temporary Work Assignment? ☒ yes; ☐ no (Specify limitations or exclusions)4. For Holdovers: OK for Continued Transport? ☒ yes; ☐ no (Explain)5. Disabilities? ☐ yes ☒ no (If yes, enter code(s) into MDS)
Code(s)

6. Remarks:

Medical Staff Signature

Date OCT 26 1998

Time

Medical Staff Title

Brian Cronenwett, LT.

Registered Nurse

Federal Transfer Center, OKC, OK

Record Copy - Inmate Central File; copy file
(This form may be replicated via WP)Replaces BP-354(60) of APRIL 1990
and BP-354 of AUG 1994

NSN 7540-00-834-4176

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
8/24/96	0905. NO / Show S/C 0830 Appointment / Blank		
9-15-98	S- See GRIFF CONSULT 7-24-98. WOULD LIKE STEROID INJECTION		
0730	O- DIFFERENT		
SHA	A- PIRIFORMIS SYNDROME		
	P+E - (1) INTRAIL 25MG T TID PR #2.1		
	(2) RE-INITIATE CONSULT		
	P.D. [Signature]		
	P. Discharge		

R. 63

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

Federal Correctional Institution
P.O. Box 1280
Beaver, WV 25813

RECORDS
MAINTAINED
AT:

PATIENT'S NAME (Last, First, Middle Initial)

RELATIONSHIP TO SPONSOR

STATUS

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE

SSN/IDENTIFICATION NO.

DATE OF BIRTH

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
7.24.88	S - #1 UMBILICAL HERNIA #2 (C) HIP PAIN - SEE ORTHO CONSULT OF
0840	8-4-87
T-88	O - 3.5cm UMBILICAL HERNIA, REDUCIBLE 3 R.S.
P-80	A - UMBILICAL HERNIA - NON INCARCERATED
P-12	PIRIFORMIS SYNDROME
R/P 130/82	<p>P/R - (1) NO TX FOR HERNIA NEEDED (2) PT COUNSELLED RE: HERNIA INCARCERATION. (3) REFER TO DR. BATEMAN FOR STEROID INJECTION. (4) NO NEED FOR LOW BACK. (5) INOCUL 25. T TID PC #21 R+1 PD</p>
	P. Diambra PA
8.14.88	S: "I have a boil"
HR 87	O: On exam v.l. has an
BP-153/84	infected hair follicle on
T-98.8	inner thigh
0850	A: Boil
	<p>V.C. Keflex 500 y TID 1310 #20</p> <p>(6) Inocul 25 y TID TID #15</p> <p>(7) Educated abt Tx.</p>
	E.J. CHET, PA

JSN 7540-00-634-4176

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
5-14-98	S. BP 128/82 HR 77 T. 97.2		
0855	S. C/o Pain (L) Elbow - started last wk - in activity while rolling in. (L) Elbow pain to palpation over the distal 3rd joint under the elbow flexor. Supine flex. elbow 90 - normal. Supinate 0. A (L) Splashed skin. T- max 400 to 28 2 tabs after breakfast & supp. - b/c. C/o no more pain & no more.		
	E. ROMERO, PA		
	S. Dittert, Rph		

5/22/98 S. I have a bad cold that my chest is hurting
 0857 - a Pt now 45 1/2 lb. 6' to examination after started last one.
 T 100.3 actually now can't b/c too's bulging nose clear my discharge
 P. 76 lungs clear I-A throat: red & injected a places
 Mes 14-A URI (strep-throat)

158/46 mmHg T 100 T 50 A 30

① ct in w T 100 Q 20 A 20

② tylenol 300mg T 100 94-6 hrs later fever 100

③ Advise to 7 hrs / Advise 5 tabs at 6 hrs & warm salt water

④ A/C to one week & reevaluation or as needed.

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

Federal Correctional Institution
 P.O. Box 1280
 Beaver, WV 25813

RI LEE
 MAI PAUL A 01656-087
 PAT B/M/O/04-11-1953
 HT/508 WT/205 HR/BK EY/BN
 REL CUSTODY/IN
 SPOI
 DEP.

SEX
 RANK/GRADE
 TION

R. 65

DATE OF BIRTH

REPORT OF MEDICAL EXAMINATION

1. LAST NAME - FIRST NAME - MIDDLE NAME <i>Lee, Paul</i>			2. GRADE AND COMPONENT OR POSITION		3. IDENTIFICATION NO. <i>01656-087</i>	
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code) <i>17-163 G.V.M. Whiskey, WI 53002</i>			5. PURPOSE OF EXAMINATION <i>A+O</i>		6. DATE OF EXAMINATION <i>3-15-95</i>	
7. SEX <i>M</i>	8. RACE <i>W</i>	9. TOTAL YEARS GOVERNMENT SERVICE <i>13</i>	10. AGENCY <i>BOP</i>	11. ORGANIZATION UNIT <i>FCZ McKean</i>		
12. DATE OF BIRTH <i>4-11-52</i>		13. PLACE OF BIRTH <i>Berlin, Ohio</i>		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN <i>Paula Lee</i>		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS <i>P.O. Box 5000, Bradford, PA 16701</i>				16. OTHER INFORMATION		
17. RATING OR SPECIALTY			TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS	

CLINICAL EVALUATION

NOR-MAL	(Check each item in appropriate column, enter "NE" if not evaluated)	ABNOR-MAL
<input checked="" type="checkbox"/>	18. HEAD, FACE, NECK AND SCALP	
<input checked="" type="checkbox"/>	19. NOSE	
<input checked="" type="checkbox"/>	20. SINUSES	
<input checked="" type="checkbox"/>	21. MOUTH AND THROAT	
<input checked="" type="checkbox"/>	22. EARS - GENERAL (INTERNAL CANALS) (Auditory acuity under items 70 and 71)	
<input checked="" type="checkbox"/>	23. DRUMS (Perforation)	
<input checked="" type="checkbox"/>	24. EYES - GENERAL (Visual acuity and refraction under items 55, 60 and 67)	
<input checked="" type="checkbox"/>	25. OPHTHALMOSCOPIC	
<input checked="" type="checkbox"/>	26. PUPILS (Equity and reaction)	
<input checked="" type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel movements; nystagmus)	
<input checked="" type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)	
<input checked="" type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)	
<input checked="" type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)	
<input checked="" type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)	
<input checked="" type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, fistulas; Prostate, if indicated)	
<input checked="" type="checkbox"/>	33. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	34. G-U SYSTEM	
<input checked="" type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/>	36. FEET	
<input checked="" type="checkbox"/>	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
<input checked="" type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
<input checked="" type="checkbox"/>	40. SKIN, LYMPHATICS	
<input checked="" type="checkbox"/>	41. NEUROLOGIC (Equilibrium tests under item 72)	
<input checked="" type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)	
<input checked="" type="checkbox"/>	43. PELVIC (Females only) (Check how done)	
	<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary)

① side partially occluded with wear - visualization difficult / no obvious abnormality

PERRLA

clear & thoracic, wheezes
RRR without murmur

no dyspnea, cyanosis, etc. ② umbilical hernia - markedly
depressed

see anatomical figure
dry skin on lower extremities

(Continue in item 73)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)

Restorable Teeth				Non-restorable Teeth				Missing Teeth				Replaced by Dentures				Fixed Partial Dentures			
1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
32	31	30	29	32	31	30	29	32	31	30	29	32	31	30	29	32	31	30	29
1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
32	31	30	29	32	31	30	29	32	31	30	29	32	31	30	29	32	31	30	29

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

LABORATORY FINDINGS

45. URINALYSIS A. SPECIFIC GRAVITY		46. CHEST X-RAY (Place, date, film number and result)	
B. ALBUMIN	D. MICROSCOPIC		
C. SUGAR			
47. SEROLOGY (Specify test used and result)	48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS

R. 66

52. WEIGHT 222		53. COLOR HAIR Black Brown	
BLOOD PRESSURE (Arm at heart level)			
10	B. SYS.	C. SYS.	58.
10	RECUMBENT DIAS.	STANDING (5 min.) DIAS.	A. SITTING
INSTANT VISION		REFRACTION	
CORR. TO 20'		BY S. CX	
CORR. TO 20'		BY S. CX	
Specify distance)			
EX*	R.H.	L.H.	PRISM DIV.
ACCOMMODATION		64. COLOR VISION (Test used and result)	
LEFT		Normal	
DN		67. NIGHT VISION (Test used and score)	
HEARING		71. AUDIOMETER	
115 SV		115	
115 SV		115	
		RIGHT	
		LEFT	
		250 500 1000 2000 3000 4000 5000 8000	
		256 512 1024 2048 2896 4096 6144 8192	
		72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)	
		65. DEPTH PERCEPTION (Test used and score)	
		66. RED LENS TEST	
		69. INTRAOCULAR TENSION	

(continued) AND SIGNIFICANT OR INTERVAL HISTORY

- Deafness in (L) ear. Noticed in 1st or 2nd grade, was told it was nerve damage. Can hear certain tones. Wears glasses for watching T.V.
- Injury to Rib in 1984. Boxing injury - possible calcific deposits per outside.
- Insulin dependent diabetes in mother, pneumonia (black lung) - father deceased.
- Stutters when nervous since childhood.
- S/P tonsillectomy 1971
- S/P vasectomy 1973

(Use additional sheets if necessary)

SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

Pt. on Benzodiazepine for insomnia / recently started

15mm @ FPD on 3/12/95

- Umbilical hernia - since childhood, movable
- Hearing loss in (L) ear since childhood. Can hear normal speaking tones.

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

- ① Chest X-ray
- ② Make sure initial bloodwork includes LFT's
- ③ On PPD clinic for F/U
- ④ Audiometry (will schedule)

77. EXAMINEE (Check)

A. ☐ IS QUALIFIED FORB. ☒ IS NOT QUALIFIED FOR find service until ① PPD evaluated

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

76. A. PHYSICAL PROFILE

P U L H E S

B. PHYSICAL CATEGORY

A B C E

79. TYPED OR PRINTED NAME OF PHYSICIAN

Robin Herman OH-J T MONTGOMERY, F.M.G. PA

SIGNATURE

Robin Herman OH-J

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

[Signature]

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Specify when)

D. OLSON, MD
CLINICAL DIRECTOR

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS

DEC. 12, 1997 12:29PM

FROM : Panasonic PPF

513 110

NSN 7540

MEDICAL RECORD

CONSULTATION SHEET

REQUEST

FROM: (Requesting physician or activity)

DATE OF REQUEST

PERSON FOR RECORD (For recording physician)

Betts

8-4-97

Bot is greater troch. Bursitis hip.

Pain is worsened abduction

Tender greater troch

Pain is worse internal rotation

PROVISIONAL DIAGNOSIS

Please consider injection

DOCTOR'S SIGNATURE

Greater Troch Bursitis

PLACE OF CONSULTATION

☐ BEDSIDE☐ ON CALL☐ ROUTINE☐ 12 HOURS

CONSULTATION REPORT

RECORD REVIEWED ☐ YES ☐ NOPATIENT EXAMINED ☐ YES ☐ NO

12/09/97 #01656-087

S: Pain in the left hip for some time. It hurts more when he sleeps on that side. It hurts when he first gets up and starts walking around. Sometimes down the lateral but mostly fairly well localized. He has had this for sometime. He has been on for several weeks without any results..

O: On exam he has increased pain with hip flexion and extension, primarily internal rotation. Point area of tenderness attachment of the piriformis tendon.

A: Piriformis syndrome.

P: I will inject the area with Depo-Medrol and Xylocaine. I will give prescription for Indocin 50 mg to take b.i.d. for two weeks with one refill. He will be in for tonight.

ROBERT O. BATEMAN, M.D.

ROB/cb

D: 12/09/97; T: 12/10/97

E ASAAD, M.D.

Clinical Director

(Continue on reverse side)

SIGNATURE AND TITLE

ROBERT O. BATEMAN, M.D.

IDENTIFICATION NO.

ORGANIZATION

REGISTRATION NO.

DATE

WARD

PATIENT'S IDENTIFICATION (For typed or written entries give: Name- last, first, middle; grade; rank; rate; hospital or medical facility)

Lee, Paul

01656-087

R. 68

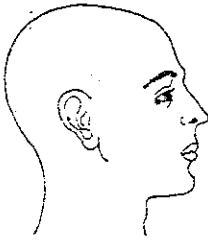
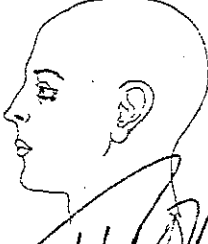
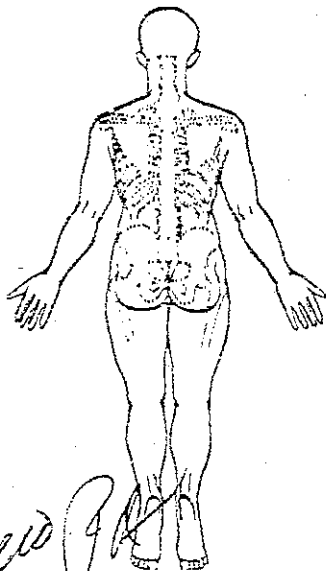
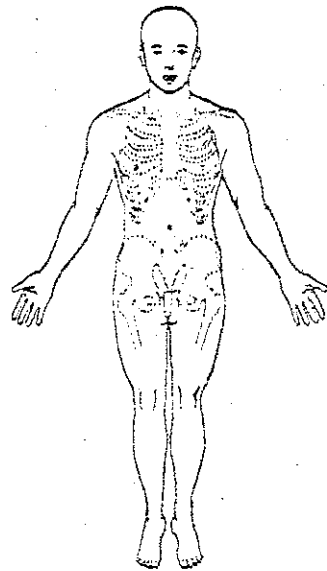
CONSULTATION

Medical Record

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

INMATE INJURY ASSESSMENT AND FOLLOWUP
(Medical)

A12

1. Institution <i>FCI-Berkley</i>		2. Name of Injured <i>Lee, Paul</i>		3. Register Number <i>01656-087</i>	
4. Injured's Duty Assignment <i>Bakery</i>		5. Housing Assignment <i>Pop A Lower</i>		6. Date and Time of Injury <i>10-10-97 1830</i>	
7. Where Did Injury Happen (Be specific as to location) <i>Rec Yard</i>		Work Related? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. Date and Time Reported for Treatment <i>10-10-97 1845</i>	
9. Subjective: (Injured's Statement as to How Injury Occurred)(Symptoms as Reported by Patient) <i>"I'm sure he hit me in the shin with his palm"</i> <i>X Ca</i> Signature of Patient					
10. Objective: (Observations or Findings from Examination) <i>0 injuries observed</i>				X-Rays Taken _____ Not Indicated _____ X-Ray Results	
11. Assessment (Analysis of Facts Based on Subjective and Objective Data) <i>Nothing Found</i> <i>V 71.8</i>					
12. Plan: (Diagnostic Procedures with Results, Treatment and Recommended Follow-up) <i>No Medical Attention</i>					
13. This Injury Required: <input checked="" type="checkbox"/> a. No Medical Attention <input type="checkbox"/> b. Minor First Aid <input type="checkbox"/> c. Hospitalization <input type="checkbox"/> d. Other (explain) <input type="checkbox"/> e. Medically Unassigned <input type="checkbox"/> f. Civilian First Aid Only <input type="checkbox"/> g. Civilian Referred to Community Physician <i>Thompson RV</i> Signature of Physician or Physician Assistant <i>KS Rose, RN</i>		 		 	

Original - Medical File

Copy - Safety

Pink - Work Supervisor (Work related only)

Self Carboned Form - If ballpoint pen is used, PRESS HARD

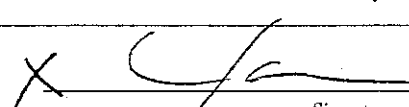
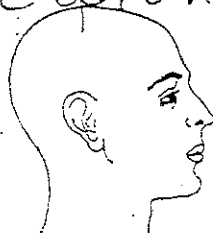
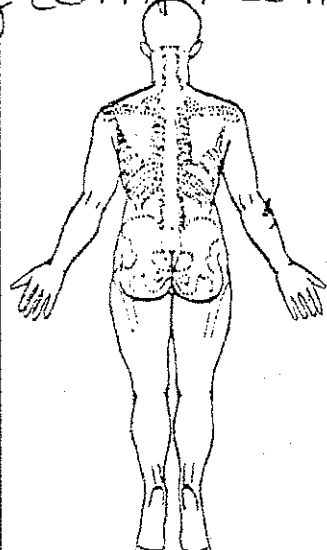
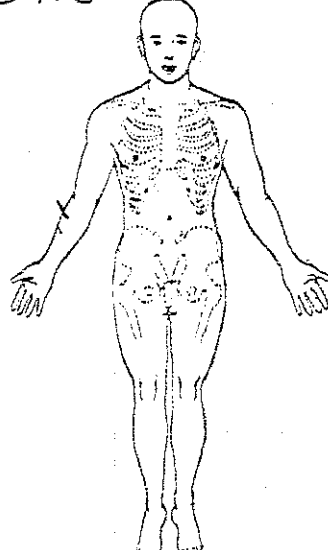
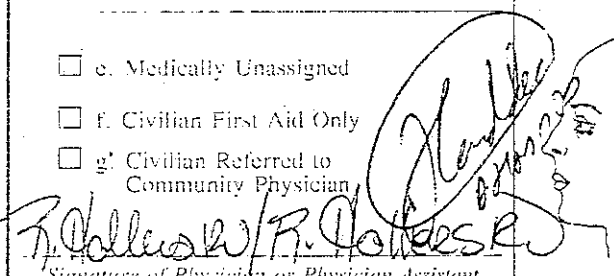
R. 69

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

949.0 (0)

INMATE IN

ASSESSMENT AND FOLLOWUP
(Medical)

1. Institution FCT Beckley	2. Name of Injured Lee, Paul	3. Register Number 01686-087
4. Injured's Duty Assignment Bakery	5. Housing Assignment POP A - Lower	6. Date and Time of Injury 10.8.97 @ 0530
7. Where Did Injury Happen (Be specific as to location) Bakery FCT - F/S	Work Related? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8. Date and Time Reported for Treatment 10.8.97 @ 0630
9. Subjective: (Injured's Statement as to How Injury Occurred)(Symptoms as Reported by Patient) "cl burnt my arm on the oven, pulling out a tray." X  Signature of Patient		
10. Objective: (Observations or Findings from Examination) 1" burn to (R) upper fore- arm. & open areas @ this time, minimal swelling area is 4.5cm long by 1cm wide	X-Rays Taken _____ X-Ray Results _____	Not Indicated <input checked="" type="checkbox"/>
11. Assessment: (Analysis of Facts Based on Subjective and Objective Data) 949.0 (0) Burns		
12. Plan: (Diagnostic Procedures with Results, Treatment and Recommended Follow-up) cool H ₂ O applied x 30 min, gently cleansed. silvadene cream applied covered & gauze secured & tape. Am instructed w: care. re drop L&D. s/s of infection		
13. This Injury Required: <input type="checkbox"/> a. No Medical Attention <input checked="" type="checkbox"/> b. Minor First Aid <input type="checkbox"/> c. Hospitalization <input type="checkbox"/> d. Other (explain) <input type="checkbox"/> e. Medically Unassigned <input type="checkbox"/> f. Civilian First Aid Only <input type="checkbox"/> g. Civilian Referred to Community Physician	    Signature of Physician or Physician Assistant	

Original - Medical File

Copy - Safety

Pink - Work Supervisor (Work related only)

Self Carboned Form - If ballpoint pen is used, PRESS HARD

R-70

ENTERED

DATE	SYMPTOM	DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
9/15/97 1230 Thurs	S- LBP O- Full ROM Tendr back A- LBP P- Motm 400 \pm 100% 30/8 Heat scm	<i>[Signature]</i> / <i>[Signature]</i>
10/14/97	I need neobutyl x my H.P. 0948 - st had a lamination skin probably (C) Greater trochanter Bursitis - A- Bursitis - P. motm 400; if 80 725 A 90 X I advice to apply heat/warm bath. R.H.C. M needs.	<i>[Signature]</i> Haddad PA.
2/13/98 0933	S: "I have a problem w a foot" O: I feel a callus on side of foot. A: Callus. ✓ - (C) Shave callus (Sue) (C) Polystyrene. (C) ric vrn.	<i>[Signature]</i> E.J. CHIEF, PA
5/11/98 0830	[NO SHOW] [NO SHOW] <i>[Signature]</i> A. HADDAD, PA FPC/FCI BECKLEY	

NSN 7540-00-634-4176

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
7/14/97	<p>my (L) side of hip > killing me</p> <p>14210 Pt. 10000 units H₂O of osteomyelitis</p> <p>o osteomyelitis</p> <p>- P-tyl 1000 every 6 hrs 750 #40</p> <p>o advise to apply heat/warm bath & lower back</p> <p>n.f.c. as needed</p> <p><i>Healed 10000 Pt.</i></p>
8-4-97 0854	<p>S.O hip aching @ h.s. while standing still</p> <p>Woke @ h.s. lateral hip @ side</p> <p>O-Tender, greater troch</p> <p>- Pain & flexion & internal rotation</p> <p>Pain & resisted abduction</p> <p>- Sign intact</p> <p>No nerve findings</p> <p>A - Hip speeder touch baseline</p> <p>P - Motri 1000 & ADPC 20/1</p> <p>- Abduction strengthening @ hip (passive)</p> <p>- Heat TID</p> <p>- X-ray if not improving</p> <p>- Ortho consult for injection / Cancel if better</p> <p><i>John G. Benson</i></p>

PATIENT'S IDENTIFICATION (Use this space for Mechanical imprint)

RECORD

MAINT

AT

PATIENT

RELATI

SPONSO

DEPART

CHRONO

LEE

PAUL A

B/M/O/04-11-1953

HT/508 WT/205

CUSTODY/IN

01656-087

HR/BK

EY/BN

NK/GRADE

FE OF BIRTH

R. 72

D (REV. 5-84)

MR

FORM 41 (CPR) 201-45,505

RADIOLOGIC CONSULTATION REQUESTS/REPORTS

MEDICAL RECORD

100

HP-S622 060 RADIOLOGIC CONSULTATION REQUEST/REPORT CDFRM

AUG 96

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Patient Identification

Plant, Facilities, Equipment, Institution

21133

Agg

①

65

Q

Pregnant

☐ Yes ☐ No

EXAMINATION REQUESTED

25/5

Requested by

Date Requested

010541287

Specific reason(s) for request (Complaints and findings)

Pharmacology

U.S. DEPARTMENT OF JUSTICE

8/1/16

Date of Report

7/8/98

Date of Transcription

五

Paediatric Feeding

radiologic Report
CHEST: The heart size, mediastinum and both hila appear normal. Both lungs are fully expanded and essentially clear. There is no evidence of congestion or active pulmonary infiltrates. The bony thorax and diaphragm are unremarkable as noted.)

IMPRESSION: Essentially negative chest.

અનુબંધ

Location of Radiologic Facility

VERA

Medical Record: Copy - Physician: Copy - Radiology:

DM. Eln. potestillo; ad new who; sil...

SECRET

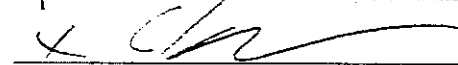
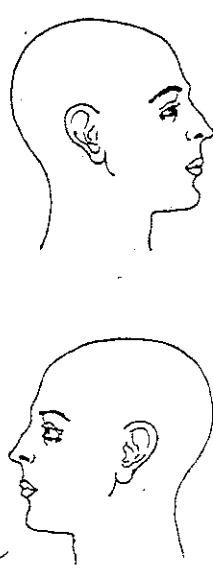
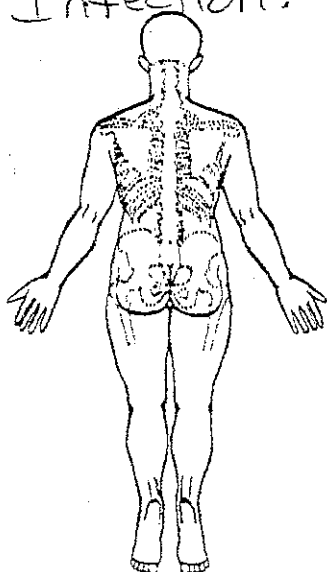
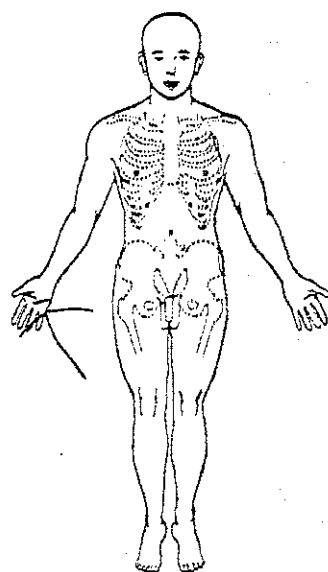
7

Received by Special Agent in Charge

SIGNATURE

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

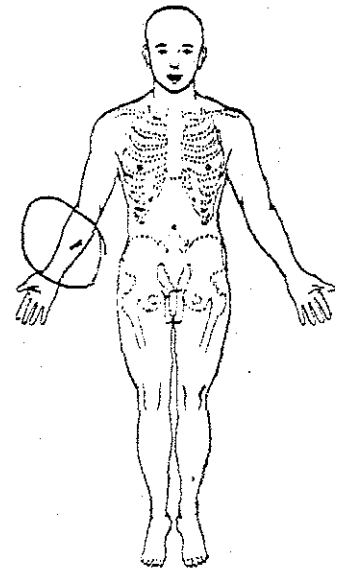
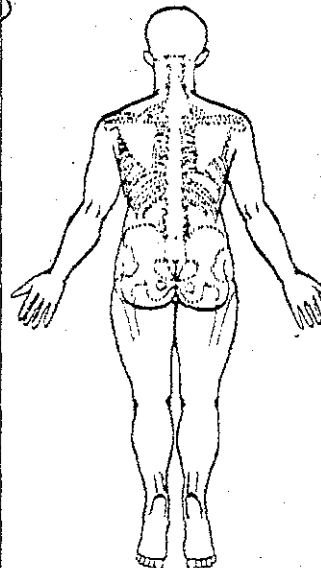
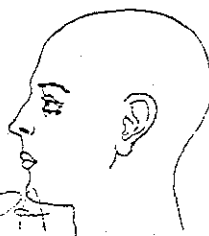
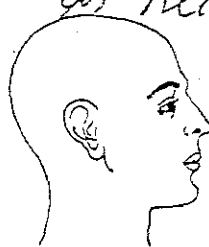
INMATE INJURY ASSESSMENT AND FOLLOWUP
(Medical)

1. Institution FCT Beckley	2. Name of Injured Lee, Paul	3. Register Number 01656-087
4. Injured's Duty Assignment Kitchen (dishes)	5. Housing Assignment Pop A-L	6. Date and Time of Injury 8 April 1997 16:15
7. Where Did Injury Happen (Be specific as to location) Kitchen	Work Related? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8. Date and Time Reported for Treatment 8 April 1997 16:55
9. Subjective: (Injured's Statement as to How Injury Occurred)(Symptoms as Reported by Patient) I reached in sink / was cut on Rt hand palm by a pan. X  Signature of Patient		
10. Objective: (Observations or Findings from Examination) A/O	X-Rays Taken _____ Not Indicated <input checked="" type="checkbox"/> X-Ray Results _____	
exhibits Superficial laceration to palm of Rt hand (1 1/4 inch) bleeding controlled.		
11. Assessment: (Analysis of Facts Based on Subjective and Objective Data) Impaired skin integrity.		
12. Plan: (Diagnostic Procedures with Results, Treatment and Recommended Follow-up) no dishwashing or food prep next 2 days, states he had Tetanus in 1995, area cleaned / collodion flexible applied, watch for any s/s of		
13. This Injury Required: <input type="checkbox"/> a. No Medical Attention <input checked="" type="checkbox"/> b. Minor First Aid <input type="checkbox"/> c. Hospitalization <input type="checkbox"/> d. Other (explain) <input type="checkbox"/> e. Medically Unassigned <input type="checkbox"/> f. Civilian First Aid Only <input type="checkbox"/> g. Civilian Referred to Community Physician Benneth R. Lewis Signature of Physician or Physician Assistant	  	

Self Carboned Form - If ballpoint pen is used, PRESS HARD

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of PrisonsINMATE INJURY ASSESSMENT AND FOLLOWUP
(Initial)

1. Institution <u>FCI Beckley</u>		2. Name of Injured <u>Paul Keel</u>		3. Inmate Number <u>01656 087</u>	
4. Injured's Duty Assignment <u>Unass.</u>		5. Housing Assignment <u>Pine BL</u>		6. Date and Time of Injury <u>01/18/97 10:15</u>	
7. Where Did Injury Happen (Be specific as to location) <u>Unit (Pine BL)</u>			Work Related? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. Date and Time Reported for Treatment <u>01/18/97 11:15</u>
9. Subjective: (Injured's Statement as to How Injury Occurred)(Symptoms as Reported by Patient) <u>I WAS WASHING OFF THE TOP OF MY LOCKER, AND MY RT ARM</u> <u>RAN ACROSS THE JAIL DOOR.</u> <u>Paul Keel</u> Signature of Patient					
10. Objective: (Observations or Findings from Examination)			X-Rays Taken <input type="checkbox"/> Not Indicated <input checked="" type="checkbox"/> X-Ray Results		
<u>Rt arm have small superficial laceration about</u> <u>3 cm.</u>					
11. Assessment: (Analysis of Facts Based on Subjective and Objective Data) <u>Laceration Superficial Rt Arm 879.6(X)</u>					
12. Plan: (Diagnostic Procedures with Results, Treatment and Recommended Follow-up) <u>1. Cleaned with Betadine, and polysporin</u> <u>& Bore with bandage (nipple gun)</u> <u>2. T.T was given 3/15/95</u>					
13. This Injury Required: <u>3. RTC as need</u>		<input type="checkbox"/> a. No Medical Attention <input checked="" type="checkbox"/> b. Minor First Aid <input type="checkbox"/> c. Hospitalization <input type="checkbox"/> d. Other (explain) <input type="checkbox"/> e. Medically Unassigned <input type="checkbox"/> f. Civilian First Aid Only <input checked="" type="checkbox"/> g. Civilian Referred to Community Physician <u>Dr. Chae-Chia</u> Signature of Physician or Physician Assistant			



Original - Medical File

Canary - Safety

Pink - Work Supervisor (Work related only)

Gold - Correctional Supervisor

Self Carboned Form - If ballpoint pen is used, PRESS HARD

R. 75

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
7-30-96 0845	BP - 134/76 HR - 65 T - 98.4 - Unable to do Fasting Blood Sugar this Am Pt has already eaten Breakfast.
10/29/96 0943	BP 130/82 HR 74 T 97.5 SF have a corn and thick skin O - Corn over 5th pharynx & skin thickening Thick epidermis over medial great toe A - Corn P - Nerve sores Multiple Blisters JH / R. 76 Rte
01/18/97 11:15	See injury report
8 April 97 18:00	See Injury report for today's date. Therapist R. Law RN - Kenneth R. Law - D. Martin - (Imp) PA
4-9-97 1130	Inmate requested a copy of injury report dated 4-8-97. I released copy to inmate
04/14/97 0950	TRIAGE < S/ I have cold O/ Ear infection + m fluid A/ Common Cold D/ CTM 4 mg qd i VD. tid (#15) Tylenol 500 mg tid PO. tid 4 intake fluid

J. ARAGON, H.I.T.

R. 76

1176

RECORD

CHRONOLOGICAL RECORD OF MEDICAL

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (on each entry)

116 S: 42 yr B^M presents w/ 1-2 d Hb sore dry throat initial
 onset 2 dly scratchy throat : progression →
 soreness (4) dly non-productive cough. No
 current chills however positive previous chills!

O - w/ w/ B^M AOT: 98.4

Oropharynx hyperemic & mod. thick PND - sideropathy

Lungs clear. This d. Hb

consistency of frontal sinus tenderness.

neck stiff & supple

A. Pharyngitis

P. Amoxicillin 500 PO q8h x 10d #30

OTM 4 mg BID x 7d #14

Saline Swabs

28-96 S^M Had Sharp Pains in my Chest Qx & on
 0900 Since OBCD this AM¹¹

O - BP 118/82 HR 72 Respiration unlabored sat.

Skin w/o. Denies pain at this time EKG

Done No Acute Abnormalities noted. Abnormalities

A - Alteration in Comfort

Encouraged to report to sick call for further eval
 then continue to monitor as ordered. Encouraged to return
 if CP comes back. Uncomfortable / Tense

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECOR MAINTA LEE

AT:

PAUL A

01656-087

PATIENT

B/M/O/04-11-1953

RELAT

HT/508

WT/205

HR/BK

EY/BN

SPONSO

CUSTODY/IN

DEPART

CHRONO

FCI BECKLEY, WV

WK/GRAT

FE OF BI

D (REV. 1

MR

Pharmacy Services
FCI BECKLEY, WV 25813 304-255-7731

RX400012485 G. BETTS 10/29/96
LEE, PAUL 01656-087
CUT PLASTER TO FOR ITCHING CORN AND APPLY
REMOVE AFTER 48 HOURS

SALICYLIC ACID PLASTER #1
SD 0 REFILL(S) EXPIRES 11/28/96

Pharmacy Services
FCI BECKLEY, WV 25813 304-255-7731

RX400020725 A. DUARTE-CHIPI 04/14/97
LEE, PAUL 01656-087
TAKE 1 TABLET BY MOUTH EVERY 4 HOURS AS
NEEDED (DO NOT TAKE MORE THAN 8 TABLETS PER 24
HOURS)

CHLORPHENIRAMINE MALEATE 4 MG TABLET #15
SD 0 REFILL(S) EXPIRES 05/14/97

Pharmacy Services
FCI BECKLEY, WV 25813 304-255-7731

RX400020726 A. DUARTE-CHIPI 04/14/97
LEE, PAUL 01656-087
TAKE 1 OR 2 TABLETS BY MOUTH EVERY 4 TO 6 HOURS
AS NEEDED (DO NOT EXCEED 8 TABLETS PER DAY)

ACETAMINOPHEN 500 MG TABLET #20
SD 0 REFILL(S) EXPIRES 05/14/97

Pharmacy Services
FCI BECKLEY, WV 25813 304-255-7731

RX400024946 A. HADDED 07/14/97
LEE, PAUL 01656-087
TAKE 1 OR 2 TABLETS BY MOUTH EVERY 4 TO 6 HOURS
AS NEEDED (DO NOT EXCEED 8 TABLETS PER DAY)

ACETAMINOPHEN 500 MG TABLET #40
SD 0 REFILL(S) EXPIRES 08/13/97

Pharmacy Services
FCI BECKLEY, WV 25813 304-255-7731

RX400028025 G. BETTS 09/15/97
LEE, PAUL A. FCI 01656-087
TAKE 1 OR 2 TABLETS BY MOUTH EVERY 4 TO 6 HOURS
AS NEEDED FOR PAIN WITH FOOD (DO NOT EXCEED 8
TABLETS PER DAY)

IBUPROFEN 400 MG TABLET #30
SD 0 REFILL(S) EXPIRES 10/15/97

Pharmacy Services
FCI BECKLEY, WV 25813 304-255-7731

RX400025979 G. BETTS 08/04/97
LEE, PAUL A. FCI 01656-087
TAKE 1 OR 2 TABLETS BY MOUTH EVERY 4 TO 6 HOURS
AS NEEDED FOR PAIN WITH FOOD (DO NOT EXCEED 8
TABLETS PER DAY)

IBUPROFEN 400 MG TABLET #30
SD 1 REFILL(S) EXPIRES 10/03/97

Pharmacy Services
FCI BECKLEY, WV 25813 304-255-7731

RX400029585 A. HADDED 10/14/97
LEE, PAUL A. FCI 01656-087
TAKE 1 OR 2 TABLETS BY MOUTH EVERY 4 TO 6 HOURS
AS NEEDED FOR PAIN WITH FOOD (DO NOT EXCEED 8
TABLETS PER DAY)

IBUPROFEN 400 MG TABLET #20
SD 1 REFILL(S) EXPIRES 12/13/97

Pharmacy Services
FCI BECKLEY, WV 25813 304-255-7731

RX400032098 Dr. E. ASAAD 07/14/97
LEE, PAUL A. FCI 01656-087
TAKE 2 CAPSULES BY MOUTH TWICE A DAY WITH FOOD

INDOMETHACIN 25 MG CAPSULE #36
SD 1 REFILL(S) EXPIRES 01/07/98

Pharmacy Services
FCI BECKLEY, WV 25813 304-255-7731

RX400039931 E. ROMERO 05/14/98
LEE, PAUL A. FCI 01656-087
TAKE 1 OR 2 TABLETS BY MOUTH EVERY 4 TO 6 HOURS
AS NEEDED FOR PAIN WITH FOOD (DO NOT EXCEED 8
TABLETS PER DAY)

IBUPROFEN 400 MG TABLET #28
SD 0 REFILL(S) EXPIRES 06/13/98

Pharmacy Services
FCI BECKLEY, WV 25813 304-255-7731

RX400044400 E. CHIPI 08/14/98
LEE, PAUL A. FCI 01656-087
TAKE 1 CAPSULE BY MOUTH TWICE A DAY ON AN EMPTY
STOMACH UNTIL FINISHED

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

PAUL LEE,	:	
	:	
Plaintiff	:	CIVIL NO. 1:CV-00-0486
	:	
v.	:	(Judge Kane)
	:	
UNITED STATES OF AMERICA, et al.,	:	
	:	
Defendants	:	

DECLARATION OF Q. BLANTON

I, Q. BLANTON, hereby declare and state as follows:

1. I am currently employed by the United States Department of Justice, Federal Bureau of Prisons ("FBOP"), as Supervisor of Recreation at the Federal Correctional Institution (F.C.I.), Allenwood, Pennsylvania. I have been employed with the FBOP since October 1989. As the Supervisor of Recreation, I have access to Bureau of Prisons records, including but not limited to records pertaining to inmate recreational activities (i.e., inmate intramural basketball, football and softball games).
2. I have reviewed the complaint in the above-captioned action, wherein the Plaintiff, inmate Paul Lee, Federal Register Number 01656-087, alleges that his left hip has degenerated since 1997 due to inappropriate bedding. The Plaintiff further alleges that he now suffers from degenerative arthritis and that medical staff have negligently failed to

provide him with appropriate medical care and treatment for his injury.

3. On November 16, 1998, the Plaintiff arrived at F.C.I. Allenwood, Pennsylvania.
4. While the Plaintiff was incarcerated at FCI Allenwood, he participated in the Exercise Across America program. This program consisted of the inmates walking various laps around the outside track at FCI Allenwood. One lap of the track at FCI Allenwood is equal to $\frac{1}{2}$ mile.
5. On July 13, 2000, the Plaintiff walked 11 laps in 60 minutes. (See attachment #1, Exercise Across America Log Sheet #1).
6. On July 16, 2000, the Plaintiff walked 12 laps in 195 minutes. (See attachment #2, Exercise Across America Log Sheet #2).
7. On July 20, 2000, the Plaintiff walked 11 laps in 60 minutes. (See attachment #3, Exercise Across America Log Sheet #3).
8. On July 21, 2000, the Plaintiff walked 10 laps in 60 minutes. (See attachment #4, Exercise Across America Log Sheet).

9. On July 22, 2000, the Plaintiff walked 11 laps in 46 minutes. (See attachment #5, Exercise Across America Log Sheet #5).
10. On July 23, 2000, the Plaintiff walked 12 laps in 45 minutes. (See attachment #6, Exercise Across America Log Sheet #6).
11. On July 24, 2000, the Plaintiff walked 10 laps in 90 minutes. (See attachment #7, Exercise Across America Log Sheet #7).
12. On July 25, 2000, the Plaintiff walked 12 laps in approximately 50 minutes. (See attachment #8, Exercise Across America Log Sheet #8).
13. A statistics sheet dated August 18, 2000, reveals that the Plaintiff had walked a total of 71 miles as of that date. (See attachment #9, Exercise Across America sheet dated August 18, 2000).
14. Additionally, the Plaintiff had volunteered to participate as a Referee and Umpire in various sporting activities (i.e. basketball, football and softball).
15. A copy of the A-League Official Schedule (basketball) reveals

that on July 27, 2000, August 10, 2000, August 30, 2000, and September 4, 2000, there were intramural inmate basketball games played at FCI Allenwood. This basketball schedule reveals that the Plaintiff had participated as a Referee during each of these four inmate basketball games. (See attachment #10, A-League Referee Schedule).

16. During a regulation basketball game, the Referee is responsible for following the play up and down the court. The responsibilities are the same for an individual refereeing an inmate intramural basketball game. It is important to note that these inmate intramural basketball games are generally 40 minutes in length. During these games, the referee follows the play of the game by running up and down the court (i.e. staying with the players and observing the game for infractions).
17. As I previously indicated, the record reveals that on July 27, 2000, August 10, 2000, August 30, 2000, and September 4, 2000, the Plaintiff was a Referee during these inmate league basketball games. Thus, he would have been responsible to follow the players as they ran up and down the court.
18. I have personally observed the Plaintiff perform as a Referee during numerous intramural basketball games. This included my observing him running up and down the basketball court. It did not appear to me that he was having any difficulty

keeping up with play.

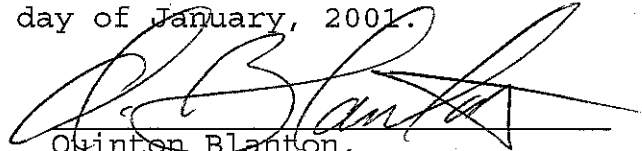
19. I have no recollection of the Plaintiff informing me that he was having any difficulty keeping up with the play during any of the basketball games.
20. An Inmate Request To Staff Member dated August 9, 2000, reveals that the Plaintiff had requested permission to be a football official (See attachment #11, Inmate Request To Staff Member).
21. A copy of the Flag Football Referee's Course reveals that on September 1, 2000, the Plaintiff had reviewed the by-laws of the Flag Football League. This document also reveal that on September 7, 2000, he had reviewed the NIRSA rules and that on September 8, 2000, he had viewed a video titled "You Make The Call." (See attachment #12, Flag Football Referee's Course).
22. A copy of the Flag Football Referee Pay Sheet reveals that on October 1, 2000, October 7, 2000, October 15, 2000, October 21, 2000, November 4, 2000, November 12, 2000, and finally on November 18, 2000, that the Plaintiff had participated as a Referee during these seven inmate intramural flag football games which are each approximately 40 minutes in duration.
23. During a regulation football game, the Referee is responsible for following the play up and down the field. The

responsibilities are the same for an individual refereeing an inmate intramural flag football game. They include him following the play of the game by running up and down the football field (i.e., staying with the players and observing the game for infractions). The referee is also responsible for retrieving the loose footballs and must constantly bend down to place the football before each play (See attachment #13, Flag Football Referee Pay Sheet).

24. I have personally observed the Plaintiff perform as a Referee during numerous inmate intramural football games. This included my observing him running up and down the field of play. It did not appear to me that he was having any difficulty keeping up with play.
25. I have no recollection of the Plaintiff informing me that he was having any difficulty keeping up with the play during any of the flag football games.

I declare that any and all records attached to this declaration are true and accurate copies of records maintained in the ordinary course of business by the Federal Bureau of Prisons. I further declare that the foregoing is true and correct to the best of my knowledge and belief, and is given under penalty of perjury pursuant to 28 U.S.C. § 1746.

EXECUTED this 26th day of January, 2001.

A handwritten signature in black ink, appearing to read 'Quinton Blanton', is written over a horizontal line.

Quinton Blanton,
Supervisor of Recreation
Federal Correctional Institution
Allenwood, Pennsylvania 17887

Attachment 1

Exercise Across America Log Sheet

Date	Name	#	Exercise	Start Time	End Time	Laps
------	------	---	----------	------------	----------	------

7/13	P. L.	01646030	WA	6:35	7:30	11
------	-------	----------	----	------	------	----

Note to Staff: Laps are only needed for walking and running.

Only the following exercises count for this program: walking, running,

Do not allow inmates to write on this sheet.

Attachment 2

Exercise Across America Log Sheet

Date	Name	#	Exercise	Start Time	End Time	Laps
------	------	---	----------	------------	----------	------

7/6	Paul Lee	0135309	Walk	5:00	5:15	12 Laps
-----	----------	---------	------	------	------	---------

Note to Staff: Laps are only needed for walking and running.

Only the following exercises count for this program: walking, running,

Do not allow inmates to write on this sheet.

Attachment 3

Exercise Across America Log Sheet

Date	Name	#	Exercise	Start Time	End Time	Laps
------	------	---	----------	------------	----------	------

1/10	Lee	000000	1.4116	7:30	8:30	11 Laps
------	-----	--------	--------	------	------	---------

Note to Staff: Laps are only needed for walking and running.

Only the following exercises count for this program: walking, running,

Do not allow inmates to write on this sheet.

Attachment 4

Exercise Across America Log Sheet

Date	Name	#	Exercise	Start Time	End Time	Laps
------	------	---	----------	------------	----------	------

1/21	Lee	01652097	walk	6:00	7:00	10 Laps
------	-----	----------	------	------	------	---------

Note to Staff: Laps are only needed for walking and running.

Only the following exercises count for this program: walking, running,

Do not allow inmates to write on this sheet.

Attachment 5

Exercise Across America Log Sheet

Date	Name	#	Exercise	Start Time	End Time	Laps
------	------	---	----------	------------	----------	------

1/11/01	[redacted]	6155-25	walk	4:30	5:30	1 lap
---------	------------	---------	------	------	------	-------

Note to Staff: Laps are only needed for walking and running.

Only the following exercises count for this program: walking, running,

Do not allow inmates to write on this sheet.

Attachment 6

Exercise Across America Log Sheet

Date	Name	#	Exercise	Start Time	End Time	Laps
------	------	---	----------	------------	----------	------

7/17	Lee	205279	WALK	6:00	5:30	12 lap
------	-----	--------	------	------	------	--------

Note to Staff: Laps are only needed for walking and running.

Only the following exercises count for this program: walking, running,

Do not allow inmates to write on this sheet.

Attachment 7

Exercise Across America Log Sheet

Date	Name	#	Exercise	Start Time	End Time	Laps
7/21	Lee	515-220	WALK	6:40	7:30	10 Laps

Note to Staff: Laps are only needed for walking and running.

Only the following exercises count for this program: walking, running,

Do not allow inmates to write on this sheet.

Attachment 8

Exercise Across America Log Sheet

Date	Name	#	Exercise	Start Time	End Time	Laps
------	------	---	----------	------------	----------	------

1/15	Lee	01656-081	Run/walk	6:40	5:30	12 Laps
------	-----	-----------	----------	------	------	---------

Note to Staff: Laps are only needed for walking and running.

Only the following exercises count for this program: walking, running,

Do not allow inmates to write on this sheet.

Attachment 9

EXERCISE ACROSS AMERICA

CURRENT STATES AND MILES

August 18, 2000

Inmate Name

Number

State & Miles

Mileage

40. Lee, Paul

01656-087

West Virginia

71

Attachment 10

F.C.I. Allenwood Recreation Department

BASKETBALL
A-LEAGUE OFFICIALS SCHEDULE

Thursday, July 27 at 6:00pm

[REDACTED], Lee, [REDACTED]

Thursday, July 27 at 7:00pm

[REDACTED], Lee, [REDACTED]
[REDACTED]

Thursday, Aug. 10 at 6:00pm

Lee, [REDACTED]

Thursday, Aug. 10 at 7:00pm

Lee, [REDACTED]
[REDACTED]

FCI Allenwood Recreation Department

^{BASKETBALL}
A-League Referee Schedule:

Wednesday Aug. 30: [REDACTED], Lee, [REDACTED]
[REDACTED]

Monday Sept. 4: [REDACTED], Lee, [REDACTED]

[Handwritten Signature]

Attachment 11

BP-S148.070 INMATE REQUEST TO STAFF MEMBER
APR 94

UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

DATE 8-9-00TO: MR Bomboy Rec. Spec.
(Name and Title of Officer)

SUBJECT: State completely but briefly the problem on which you desire assistance and what you think should be done (Give details).

Requesting to be one of years Football Official
this season again

(Use other side of page if more space is needed)

NAME: Bullee No.: 01656-087Work Assignment: GRNN FIS Unit: 33

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

DATE _____

Officer

Attachment 12

F.C.I. Allenwood Recreation Department
Flag Football Referee's Course

Name	Number	<u>Review</u> By-laws	Review NIRSA Rules	<u>View video</u> You make the call	<u>Final Test</u>
Lee, Paul	01656-087	9/1/00	9/7/00	9/8/00	Passed

Attachment 13

F.C.I. Allenwood Recreation Department

Flag Football Referee Pay Sheet

Name	Number	Oct. 1	Oct. 7	Oct. 15	Pay	Oct. 21	Oct. 29	Nov. 4	Pay	Nov. 12	Nov. 18	731 Pay
------	--------	--------	--------	---------	-----	---------	---------	--------	-----	---------	---------	---------

Lee, Paul	01656-087 ⁰	R	R	R	9	R	R	R	189	R	R	24
-----------	------------------------	---	---	---	---	---	---	---	-----	---	---	----

R = Referee = 3 bags per game
 S = Scorekeeper = 1 bag per game
 D = Downkeeper = 1 bag per game

UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF PENNSYLVANIA

PAUL LEE, :
Plaintiff :
v. : Civil No. 1:CV-00-00486
UNITED STATES OF AMERICA, et al. : (Kane, J.)
Defendants :

CERTIFICATE OF SERVICE BY MAIL

The undersigned hereby certifies that she is an employee in the Office of the United States Attorney for the Middle District of Pennsylvania and is a person of such age and discretion as to be competent to serve papers.

That on February 12, 2001, she served a copy of the attached

**RECORD TO BRIEF IN SUPPORT OF THE DEFENDANTS'
MOTION TO DISMISS AND FOR SUMMARY JUDGMENT**

by placing said copy in a postpaid envelope addressed to the person hereinafter named, at the place and address stated below, which is the last known address, and by depositing said envelope and contents in the United States Mail at Harrisburg, Pennsylvania.

Addressee:

Paul Lee
Reg. No. 01656-087
FCI Elkton
P.O. Box 89
Elkton, Ohio 44415


SHELLEY L. GRANT
Paralegal Specialist